499 Range Road, PO Box 1500, Marysville, MI 48040
Phone: (810) 364-8990 / Fax: (810) 364-7474

SCHOOL OF CHOICE 2nd SEMESTER APPLICATION PROCESS

Grades K-12

1. Complete a School of Choice Packet, which includes the Affirmation of Prior Discipline Record, and Request for Student Discipline Records for each student in your household. *Submit to the St. Clair County Regional Service Agency in person, by fax (810) 364-7474, or by email to Murphy.kris@sccresa.org no later than **December 17, 2018.**

2. Upon receipt of completed School of Choice packet the forms will be faxed to the school(s) the student attended during prior years.

3. The Superintendent or their designee of the desired choice district will review the student's discipline records, if any, upon receipt from the prior school. Based on that review your request will either be approved or denied. **This could take some time, as there is often a delay in receiving discipline records. Applications will not be considered until discipline records are received and reviewed.**

4. The St. Clair County RESA choice district reserves the right to reject a school of choice application for a student who resides outside of the RESA's jurisdictional boundaries if that student receives special services. The law requires that an agreement (105c) must be reached between the student's resident district and the choice district, related to the allocation of added costs.

5. You will be notified when your application is approved or denied. Please understand a denial could be for any of the following reasons: recent prior (past) discipline, lack of openings/space in the choice school district, or in the event that it is determined that false or fraudulent information is submitted on the School of Choice packet/documents. Denial may also occur if a 105c agreement has not been reached.

6. You will be notified by letter if the application is approved.

7. You may only enroll your student after the School of Choice application has been approved.

St. Clair County RESA

2018-2019 School of Choice Application

Completed application forms and requested documentation must be submitted ***to SCC RESA by December 17, 2018.*** *A separate application form must be completed for each student under the Schools of Choice State Aid Act of 1996, P.A. 300, Sections 105 and 105c.*

Student Name: _____ Student Date of Birth: _____
Last First Initial

Home/Cell Phone: _____ Grade Entering:_____

District in which you reside: _____

School scheduled to attend in resident district: _____

District you are applying to attend:

	District Name	**Building Name**
1st Choice		
Alternative Choice (Optional)		

Parent/Legal Guardian Name: _____ Work Phone: _____
Last First

Address: _____ Child lives: _____
Street City Zip Code

Parent/Legal Guardian Name: _____ Work Phone: _____
Last First

Address: _____ Child lives: _____

Email Address: _____

List previous schools attended with current/most recent first (attach additional sheet if necessary):

Name of School	**City, State**	**Dates Attended**	**Reason for Leaving**

Please complete the following:

1. Has the student ever been expelled from school? If yes, please explain: __Yes __No
   _____
2. Has the student been suspended from school during the past two school years? __Yes __No
   _____
3. It is understood that the student may be athletically ineligible for one full semester according to M.H.S.A.A. rules. __Yes __No

4. Was the applicant previously enrolled in a St. Clair County RESA School District? __Yes __No
   If yes, when?

   _____

5. Has the applicant received special education service(s) at any time? If so, please list service(s) and attach the IEP form. (Please note that SCC RESA school districts reserve the right to deny enrollment to a student residing outside the SCC RESA area if a mutual agreement (105c) cannot be reached with the student's home district/ISD related to responsibility for added costs.) __Yes __No

   _____

6. It is understood that the student will adhere to the attendance policies that are written in the student handbooks and that tardies/absences will not be excused because of lack of transportation or weather conditions. __Yes __No

7. It is understood that transportation of this student is the responsibility of the parent/guardian. The School of Choice district has no general responsibility to provide transportation. __Yes __No

As the parent(s)/legal guardian making application for Schools of Choice under State Aid Act of 1996, P.A. 300, Sections 105 and 105c, my/our signature(s) on this application signifies my/our understanding and agreement to the Schools of Choice language and guidelines and to all rules and regulations of student handbooks. It is also understood that if any information on this application is found to be incorrect or falsified, including affirmation of prior discipline records, this would immediately terminate enrollment of the student on this form. My/Our signature(s) holds harmless the St. Clair County RESA, their employees, and Board of Education members for any decisions made relative to the Schools of Choice language and guidelines. It also grants St. Clair County RESA permission to contact our current district to obtain school records for my/our student, including discipline records.

NOTE: St. Clair County RESA and its member districts will accept non-resident students without regard to intellect, academic, artistic, athletic, or other ability or talent, mental or physical disability, religion, race, color, national origin, sex, height, weight, or marital status. **St. Clair County RESA and its member districts reserve the right to deny enrollment to a student residing outside the Intermediate School District if a mutual agreement (105c) cannot be reached with the student's home district/ISD related to responsibility for added costs.**

_____ _____

Parent/Guardian Signature **Date**

_____ _____

Parent/Guardian Signature **Date**

The following items **must be submitted** in order to complete your application.

__School of Choice Application __Affirmation of Prior Discipline Record (Grades 1-12 only)

__Request/Release for Student Discipline Records __IEP (if applicable)

__Report Card (Grades K-8) or Transcripts (Grades 9-12)

Please return this application and requested documents to:
St. Clair County RESA, 499 Range Road, PO Box 1500, Marysville, MI 48040, Attn: Kris Murphy

St. Clair County RESA
499 Range Road, PO Box 1500
Marysville, MI 48040
Phone: (810) 364-8990 / Fax: (810) 364-7474

REQUEST FOR STUDENT DISCIPLINE RECORDS
Please complete for each District

Student Name: _____

Name of School: _____

Street Address: _____

City/State/Zip: _____

Telephone/Fax: _____

The above-named student has applied to attend a St. Clair County RESA member school district under the schools of choice program. Please fax the student's discipline file for the 2016-2017 and 2017-2018 school years. If there is no discipline on file, please indicate on the bottom of this form and fax it back to us.

Final acceptance is contingent upon further review of the student's discipline file and thus, **ONLY discipline information is needed at this time**. If accepted as a school of choice student, additional records will be requested under separate cover. Thank you in advance for your assistance.

PARENTAL PERMISSION

I hereby authorize the release of all disciplinary records for the above named student to St. Clair County RESA and the district in which the student would be enrolled. I understand that St. Clair County RESA will be required to share any information obtained with my School of Choice Application. I authorize St. Clair County RESA and/or choice district to review these records to determine my students' eligibility for enrollment for the upcoming year.

_____ _____
Signature of Parent/Guardian Date

(School officials to complete below portion)

_____has no discipline infractions for the _____ and _____ school years.
(Student Name)

_____/_____
Name /Title Date

_____
School District

St. Clair County RESA
499 Range Road, PO Box 1500
Marysville, MI 48040
Phone: (810) 364-8990 / Fax: (810) 364-7474

Affirmation of Prior Discipline Record

Student Name: _____

Previous School District(s): _____

Building(s): _____

Address(es): _____

Directions:
Parent - Please check paragraph 1 or 2, provide all appropriate information, and sign/date.
If you checked paragraph 2, explain the incident in detail on a separate sheet of paper.

☐ **Paragraph 1:** That the student **has not been** suspended within the last 2 school years or expelled from any public or private school in Michigan or any other state. (Previously may have been expelled for persistent disobedience).

☐ **Paragraph 2:** That the student **has been** suspended or expelled from any public or private school in Michigan or any other state.

I understand that a willfully false statement on this form will result in a report to the appropriate authorities and possible removal from the St. Clair County School of Choice District.
By signing this document, I am declaring these statements are true.

_____ _____
Parent /Guardian Signature **Date**