



May 1, 2017

Dear Parent(s)/Guardian(s):

The end of the 15-16 school year is here and plans are already underway for next year. To maintain your child's enrollment eligibility in Benzie County Central Schools for the 2016-17 school year, the enclosed Schools of Choice application form(s) must be completed and returned to the **Central Business Office** prior to August 1, 2016. (Please note a separate application must be completed for each child.)

Following are the current guidelines incorporated into our Schools of Choice Policy:

- Acceptance of applicants is at the discretion of the receiving school district and building preference is not guaranteed.
- Students may be returned to resident school districts at any time during the school year pending grade level enrollment increases or if chronic behavior problems surface.
- Transportation to and from school is not provided unless it can be accommodated through our established bus routes and stops.
- Benzie County Central Schools waives all tuition fees.

If you have any questions or concerns regarding the Schools of Choice process, please feel free to contact the Central Business Office at 231-882-9653. We appreciate your continued support of Benzie County Central Schools.

Sincerely,
Catina M. Crossman
enc.

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www.benzieschools.net

**BENZIE COUNTY CENTRAL SCHOOLS DISTRICT (TBA-ISD)
SCHOOLS OF CHOICE APPLICATION FOR PARTICIPATION (FY 2017 - 2018)**

Received Date: _____
Approved Yes _____ No _____
Initials: _____ Date: _____

Student Name: _____

APPLICANT INFORMATION: (1 APPLICATION PER STUDENT TO BE COMPLETED BY PARENT/GUARDIAN)

Applicant Student Name: _____	Student Grade (entering FY17-18) _____
Student Birth Date: _____	Please check one: Male _____ Female _____
District of Residence: _____	Last School attended _____
Sibling #1 Name: _____	Student Grade (entering FY17-18) _____
Student Birth Date: _____	Please check one: Male _____ Female _____
District of Residence: _____	Last School attended _____
Sibling #2 Name: _____	Student Grade (entering FY17-18) _____
Student Birth Date: _____	Please check one: Male _____ Female _____
District of Residence: _____	Last School attended _____

REASON(S) FOR SEEKING TO ENROLL IN THE Benzie County Central Schools DISTRICT: _____

Parent/Guardian: County: _____

Parent/Guardian Name: _____ Address: _____

Telephone: _____ City&Zip: _____

Are any siblings currently enrolled/attending Benzie County Central Schools District? Yes _____ No _____

If yes, please list name and grade: _____

Has the student ever been suspended, expelled, convicted of a felony, or otherwise excluded for disciplinary reasons?
Yes _____ No _____

If yes, please provide an explanation: _____

HAS THE STUDENT EVER BEEN TESTED FOR SPECIALIZED SERVICES? Yes _____ No _____

OR DO THEY RECEIVE SPECIALIZED ASSISTANCE IN SCHOOL? (Yes) (No) If Yes, please provide an explanation: _____

Please read and acknowledge the following by checking the boxes and signing below:

_____ I have been provided a copy of the open enrollment policy and understand and will abide by all of its provisions.

_____ I understand that I am committing to enroll the above named student for a period of not less than one academic year.

_____ I understand, and agree that per the terms of the agreement, the student's residence school district is not obligated to re-enroll them until the beginning of the next academic semester or trimester.

_____ I understand transportation will be the responsibility of the parent/guardian.

_____ I understand Michigan High School Athletic Association regulations apply to all high school age transfers.

_____ I understand that misrepresenting or withholding information on the application may cause my application to be withdrawn or rejected.

_____ I agree to hold the Benzie County Central Schools District, and any of their employees, and their Board of Education harmless for any decision in the admission process.

Records, including disciplinary and attendance, will be requested from student's previous school. Do you give permission for all the student's records to be released? Yes _____ No _____

Parent Signature: _____ Date: _____

RESIDENT SCHOOL DISTRICT INFORMATION: (To be completed by resident school administrator) This application must be delivered to the resident school district to be completed and will be returned by the resident district to the enrolling district.

Has the student ever been suspended, expelled, convicted or a felony, or otherwise excluded for disciplinary reasons?
Yes _____ No _____

If yes, please provide an explanation: _____

Has the student ever been tested for specialized services? Or do they receive specialized assistance in school? Yes _____ No _____

If yes, please provide an explanation: _____

Completed by: _____ Date: _____ Resident School: _____ **Schools**

Signature/Superintendent Releasing Student: _____ Date of Release: _____