



April 1, 2024

Dear Parent(s)/Guardian(s):

The end of the 23-24 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 2024-25 school year, the enclosed Schools of Choice application form(s) must be completed and returned to the **Central Business Office** prior to August 1, 2024. (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.
- *School of Choice students must be accepted and enrolled by the first day of the 2024/25 school year. Semester time School of Choice Students should be accepted two weeks prior to the beginning of the second semester with an enrollment date of the 1<sup>st</sup> day of the second semester.*

If you have any questions or concerns regarding the Schools of Choice process, please feel free to contact me in the Central Business Office at 231-882-9653 Ext. 2001. We appreciate your continued support of Benzie County Central Schools.

Sincerely,  
Catina M. Crossman

Executive Assistant to the Superintendent  
Board of Education Administrative Assistant  
Director of Communications  
Pupil Accounting Specialist  
enc.

**BENZIE COUNTY CENTRAL SCHOOL DISTRICT (NORTH ED)  
COOPERATIVE SCHOOLS OF CHOICE PROGRAM APPLICATION FOR  
PARTICIPATION (FY2024-25)**

Received Date: _____ Approved <input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____ Date: _____
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Student Name: \_\_\_\_\_

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

Applicant Student Name: _____	Student Grade (entering FY24-25) _____
Student Birth Date: _____	Please check one: Male <input type="checkbox"/> Female <input type="checkbox"/>
District of Residence: _____	Last School attended _____
Sibling #1 Name: _____	Student Grade (entering FY24-25) _____
Student Birth Date: _____	Please check one: Male <input type="checkbox"/> Female <input type="checkbox"/>
District of Residence: _____	Last School attended _____
Sibling #2 Name: _____	Student Grade (entering FY24-25) _____
Student Birth Date: _____	Please check one: Male <input type="checkbox"/> Female <input type="checkbox"/>
District of Residence: _____	Last School attended _____

REASON(S) FOR SEEKING TO ENROLL IN THE \_\_\_\_\_ School DISTRICT: \_\_\_\_\_

**Parent/Guardian:**

Parent/Guardian Name: _____	County: _____
Telephone: _____	Address: _____
Are any siblings currently enrolled/attending the _____ Schools District? <input type="checkbox"/> Yes <input type="checkbox"/> No	City & Zip: _____

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 \_\_\_\_\_ 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: \_\_\_\_\_

Signature/Accepting Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

Applicants for admission as non-resident students and their parents/guardians are hereby notified that the \_\_\_\_\_ School District does not discriminate on the basis of race, color, national origin, gender, religion, or disability in admission or access to programs, activities, or policies.