

SCHOOLS OF CHOICE APPLICATION 2021-22 SCHOOL YEAR

TO BE COMPLETED BY PARENT/GUARDIAN

Newaygo County SOC (NC-SOC)
Student(s) live within the NC RESA service area

Section 105c
Student(s) live in a district adjacent to the NC RESA service area

Today's Date:

Student(s) to be released from: <input style="width: 280px; height: 25px;" type="text"/> (Resident School district)	Student(s) Requesting to Attend: <input style="width: 280px; height: 25px;" type="text"/> (Choice or Non-resident School District)	District Student(s) are Currently Residing In: <input style="width: 280px; height: 25px;" type="text"/>
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Name(s) of Student(s)	Grade(s) in 21-22	Date(s) of Birth	Currently Receives Special Education Services (Yes or No)	Expelled or Suspended (Yes or No)
<input style="width: 280px; height: 25px;" type="text"/>	<input style="width: 120px; height: 25px;" type="text"/>	<input style="width: 180px; height: 25px;" type="text"/>	<input style="width: 120px; height: 25px;" type="text"/>	<input style="width: 120px; height: 25px;" type="text"/>
<input style="width: 280px; height: 25px;" type="text"/>	<input style="width: 120px; height: 25px;" type="text"/>	<input style="width: 180px; height: 25px;" type="text"/>	<input style="width: 120px; height: 25px;" type="text"/>	<input style="width: 120px; height: 25px;" type="text"/>
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Describe any special education services provided:

Provide information on any suspensions or expulsions:

Parent/Guardian Information:

Name(s): <input style="width: 550px; height: 25px;" type="text"/>	Cell Phone: <input style="width: 100px; height: 25px;" type="text"/>	Work Phone: <input style="width: 100px; height: 25px;" type="text"/>
Email Address: <input style="width: 550px; height: 25px;" type="text"/>	Home Phone: <input style="width: 100px; height: 25px;" type="text"/>	
Address: <input style="width: 550px; height: 25px;" type="text"/>		

By signing below, I acknowledge and accept the guidelines of the NC-SOC or 105c program. I understand that any incomplete, inaccurate or false statements may invalidate this application/request.

*Hold Harmless Clause: I agree to hold harmless each Newaygo County public school district, their employees, and their board of education members for any decision in the selection process, potential or actual participation as a NC-SOC student relative to academic achievement, co-curricular participation, student discipline related to behavior, and all other aspects of participation as a member of a student body when in compliance with State regulations. *Application: I understand that every child must have an approved application before attending a NC-SOC school district. *Re-Application: I understand that once a child is accepted into a NC-SOC non-resident school district, the acceptance is guaranteed through graduation (with provisions); reapplication is not required on an annual basis, however, I must inform the NC-SOC non-resident school district of my child's intent to return. If I do not inform the choice district of my child's intent to return by TBD, I understand I will need to reapply for admittance, which may or may not be granted after the TBD deadline. *Transportation: It is understood that NC-SOC students will not be automatically provided transportation. Some districts may have transportation options available. Contact the Superintendent's office of the NC-SOC non-resident district for details. *Graduation: I agree to abide by the policies and graduation requirements of the NC-SOC non-resident district.

Signature of Parent/Guardian:

SCHOOLS OF CHOICE APPLICATION 2021-22 SCHOOL YEAR

FINAL DETERMINATION (OFFICE USE ONLY)

TO BE COMPLETED BY RESIDENT DISTRICT FOR NEWAYGO COUNTY SOC APPLICATIONS ONLY

The student(s) listed currently reside/s within your school district. Approval or denial from the resident superintendent is required within two weeks in order to complete this request. Thank you for your assistance.

Student Name(s):

Approved

Denied

List any students
who are being
denied:

Reason for denial:

RESIDENT
SUPERINTENDENT'S
SIGNATURE

DATE:

PLEASE DISTRIBUTE COPIES TO NON-RESIDENT DISTRICT

Student Name(s):

Approved

Denied

List any students
who are being
denied:

Reason for denial:

NON-RESIDENT
SUPERINTENDENT'S
SIGNATURE

DATE:

PLEASE DISTRIBUTE COPIES TO RESIDENT DISTRICT AND PARENT/GUARDIAN

NOTE: A district found to be in non-compliance with the regulations established under Section 105c of the State School Aid Act is subject to forfeiture of 5% of the district's entire state school aid for the year in question.

BIG JACKSON SCHOOL

ADMINISTRATION OFFICE
4020 13 MILE ROAD
PARIS, MI 49338
(321) 796-8947
EMAIL: ETRUAX@NCRESA.ORG

FREMONT PUBLIC SCHOOLS

ADMINISTRATION OFFICE
450 E. PINE STREET
FREMONT, MI 49412
(231) 924-2350
EMAIL: BTHOME@FREMONT.NET

GRANT PUBLIC SCHOOLS

ADMINISTRATION OFFICE
148 S. ELDER AVE.
GRANT, MI 49327
(231) 834-5621
EMAIL: KANDERSON@GRANTPS.NET

HESPERIA COMMUNITY SCHOOLS

ADMINISTRATION OFFICE
96 S. DIVISION
PO BOX 338
HESPERIA, MI 49421
(231) 834-6185
EMAIL: SHAFFERM@HESP.NET

NEWAYGO PUBLIC SCHOOLS

ADMINISTRATION OFFICE
360 S. MILL ST.
PO BOX 820
NEWAYGO, MI 49337
(231) 652-6984
EMAIL: KMELVIN@NEWAYGO.NET

WHITE CLOUD PUBLIC SCHOOLS

ADMINISTRATION OFFICE
555 E. WILCOX
PO BOX 1000
WHITE CLOUD, MI 49349
(231) 689-6820
EMAIL: FOSTERT@WHITECLOUD.NET