SECTION 105C
SCHOOL OF CHOICE APPLICATION
2018-2019 SCHOOL YEAR

This application should be completed by the parent/guardian of the student seeking admission to Fowlerville Community Schools for the 2018-2019 school year. Eligibility includes students who reside in any county contiguous to Livingston County. **Applications must include the child's most recent cumulative report card and attendance record.**

Fowlerville Community Schools accepts Genesee, Ingham, Jackson, Oakland, Shiawassee, or Washtenaw County students. Applications must be received by the first Friday of the 2018-2019 school year.

ONLY ONE STUDENT PER APPLICATION

Student's Name _____ _____
PRINT FIRST NAME **PRINT LAST NAME**

Grade of Student in Fall 2018 _____ Year of Graduation _____

Are you applying to attend the Fowlerville On-Line Learning Academy? ( ) YES ( ) NO

Date of Birth ____/____/____ Male_____ Female _____

Parent(s)/Guardian(s) _____ _____

Street Address _____

City and Zip Code _____

Home Phone # _____

Mother's Work # and/or Cell # _____

Father's Work # and/or Cell # _____

School District of Residence _____

District Last Attended _____

Name of School Attended _____

Do you already have a child attending Fowlerville Schools?
( ) YES ( ) NO
If yes, which school? _____ Grade _____

Do not write in this space.

Approved: _____

Date: _____

RETURN COMPLETED APPLICATION FORM TO:

Fowlerville Community Schools
Janice Avis, Executive Secretary to the Superintendent
7677 W. Sharpe Rd., Suite A
Fowlerville, MI 48836
Email: AvisJ@fowlervilleschools.org
Phone (517) 223-6016
Fax (517) 223-6022

ADDITIONAL INFORMATION

1. A copy of the student's most recent cumulative report card including attendance record must accompany application.

2. The Fowlerville School District is not responsible for providing transportation for Section 105 Schools of Choice students.

3. The Fowlerville School District will comply with all requirements of 1996 Public Act 30, Section 105, (Schools of Choice).

4. Does your child require special services? ( ) YES ( ) NO

   Please explain: _____

5. If your child has an IEPT, please include a copy of your most recent IEPT. (Special Education - Individualized Education Program Team Report)

6. Has this student ever had school discipline referrals? ( ) YES ( ) NO

   If yes, how many referrals in the past two years? Number of Referrals _____

   Reason for Referral(s)? _____

7. Has this student ever been expelled from a previous school? ( ) YES ( ) NO

   Please explain: _____

8. a.) Has this student ever been suspended from a previous school? ( ) YES ( ) NO

   Please explain: _____

   b.) Dates and total number of suspensions: _____

9. Reason for making application to Fowlerville Schools? _____

10. How did you hear about Fowlerville Community Schools? _____

_____

_____ _____

Parent/Guardian Signature **Date**

Signature above also grants Fowlerville Schools permission to seek student information/records from prior school district.

FALSE INFORMATION WILL RESULT IN DENIAL OF ENROLLMENT OR ATTENDANCE IN THE FOWLERVILLE COMMUNITY SCHOOL DISTRICT.

Notice of Nondiscrimination

It is the policy of Fowlerville Community Schools that the District will not discriminate in its programs, services, or activities against any person based on race, color, national origin, gender, disability, or age. Inquiries or complaints related to discrimination should be directed to:

The Assistant Superintendent of Schools
Fowlerville Community Schools,
7677 W. Sharpe Rd, Suite A
Fowlerville, Michigan 48836
(517) 223-6027

Transportation Request Form
2018-2019 School of Choice

IS BUSING NEEDED? _____
If you answered YES, please continue; if you answered NO, you've completed this form.

Student's Name_____

School Attending_____ Grade_____

Home Address_____

Home Phone_____ Work Phone_____

***Transporting Address if other than home address (grandparent, day care, etc.):**

_____
***Required if you would like transportation.**

☐Before School Only ☐After School Only ☐Before and After School

Transportation of School of Choice students to and from Fowlerville Schools is the responsibility of the parent. You may take your student to the nearest qualifying bus stop in the Fowlerville school district. Please call the Transportation Office for times and nearest bus stop. The above privileges must not cause any changes in the bus route, overload any bus, or result in additional costs to the District. If any of these conditions occur, transportation may be terminated. Parents will be given five day's notice prior to the cancellation of ridership. Transportation Request Forms must be submitted annually.

Parent's Signature_____Date_____

Return this form to the Transportation Department as soon as possible. Please allow 5 days for processing.

Fowlerville Community Schools
Transportation Department
7677 W. Sharpe Rd.
Fowlerville, MI 48836
Phone 517-223-6122
Fax 517-223-6125

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Transportation Department Use ONLY

☐Approved as of _____ ☐Denied _____

Authorized Signature_____

Bus #_____ Bus stop address _____