

### SECTION 105 SCHOOL OF CHOICE APPLICATION 2025-2026 SCHOOL YEAR

This application should be completed by the parent/guardian of the student seeking admission to Fowlerville Community Schools for the 2025-2026 school year. Eligibility includes students who reside in any Livingston County School District other than Fowlerville Schools. <u>Applications must include the child's most recent cumulative report card and attendance record.</u>

Fowlerville Community Schools will accept Livingston County students free of charge. Applications must be received by the first Friday of school.

### ONLY ONE STUDENT PER APPLICATION

Student's Name PRINT FIRST NAME	PRINT LAST NAME
Grade of Student in Fall 2025 Are you applying to attend the Fowlerville On-Line	
Date of Birth/ Male Fema	nle
Parent(s)/Guardian(s)	
Street Address	
City and Zip Code	
Home Phone #	Do not write in this space.  Approved:
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 S  ( ) YES ( ) NO  If yes, which school? Grade	

### **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

### 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:

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

9. Reason for making application to Fowlerville Schools?

10. How did you hear about Fowlerville Community Schools?

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

Date

#### 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

Parent/Guardian Signature

## TEMPORARY RESIDENCE STATEMENT

This form helps determine eligibility under the federal McKinney-Vento Act. Only 1 form per FAMILY needed.

Name of Parent/Guardian/Caretaker (write NA if unavailable):	Name o	of Studer	nt(s):						
Emergency shelter or transitional housing program   Motel/hotel	Name o	of Parent	t/Guardian/Ca	retak	ker (write NA if u	ınav	ailable):		
Unemployment   Evicted   Inadequate income   Fire/Natural disaster   Ricked out   Family conflict   Unsafe conditions   Other:	1.	<ul> <li>Emergency shelter or transitional housing program</li> <li>Motel/hotel</li> <li>Shares housing (doubled up or "couch surfing") with family or friends <u>due to loss of housing</u>, <u>economic hardship or similar reasons</u> such as family conflict, unhealthy living conditions, unsafe situations, abuse or neglect, parental incarceration or death.</li> <li>Substandard housing, campground; public or private place not designed for or ordinarily used as regular sleeping accommodation for humans, including cars, parks, public spaces, abandoned buildings, and bus or train stations; or abandoned in a hospital.</li> </ul>							
4. Please initial each paragraph below and sign:  I declare that the information provided here is true and correct and of my own personal knowledge. I understand that falsifying residency information for the purposes of school enrollment is against Michigan law. Falsifying enrollment information is an offense subject to prosecution  The Education Project staff respects a client's right to privacy. To ensure the best services possible and compliance with federal law and state grant data reporting requirements, I give permission to the Education Project staff to release and exchange information with school staff (i.e. the McKinney-Vento liaison, pupil accounting, school transportation staff, school social workers, counselors, etc.) and community agencies that are assisting the student(s) or being asked to assist the student(s) as needed. This consent is voluntary and subject to revocation at any time  I give permission to the Education Project staff to provide services for the student(s) listed above including but not limited to releasing and exchanging information to provide the student(s) with transportation (including public transportation) if and when needed as found in the best interest of the student(s)  I understand that this consent is valid for the remainder of the school year and I have received a copy and an explanation of the student's rights under the McKinney Vento Act	2.	Un Un	employment		Evicted		•	<del></del>	
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explanation of the student's rights under the McKinney Vento Act.	limited	to releas	ing and exchan	ging i	information to pro	vide	the student(s) with the	ransportation (	
Signature & Relationship to student: Date:								have received	a copy and an
	Signatu	re & Rel	ationship to stu	dent:				I	Date:

# Transportation Request Form 2025-2026 School of Choice

IS BUSING NEEDED?, AN If you answered YES to busing needed, please contin	1, PM	, вотн				
If you answered YES to busing needed, please contin	iue; if you answered NO, you've co	ompleted this form.				
Student's Name						
School Attending	Grade_					
Home Address						
Home Phone	Work Phone					
Transportation of School of Choice students to and from Fowlerville Schools is the <u>responsibility</u> of the parent. You may take your student to the nearest qualifying bus stop approved by the Fowlerville school district. If your bus stop is approved, please allow 5 school days for processing.  Please call the Transportation Office for times and nearest bus stop (517) 223-6122.						
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 days' notice prior to the cancellation of ridership.						
Transportation Request Forms must be submitted annually.						
-	-					
Parent's Signature	Dat	te				