



**SECTION 105
SECOND SEMESTER
SCHOOL OF CHOICE APPLICATION
2024-2025 SCHOOL YEAR**

This application should be completed by the parent/guardian of the student seeking admission to Fowlerville Community Schools for the second semester of the 2024-2025 school year. Eligibility includes students who reside in any Livingston County School District other than Fowlerville Schools. **Applications must include the child's most recent cumulative report card and attendance record.**

Fowlerville Community Schools will accept Livingston County students free of charge. Applications must be received by the beginning of Second Semester.

ONLY ONE STUDENT PER APPLICATION

Student's Name _____
PRINT FIRST NAME PRINT LAST NAME

Grade of Student in Fall 2024 _____ 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 _____

<p>Do not write in this space.</p> <p>Approved: _____</p> <p>Date: _____</p>

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: _____

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 2024-2025 School of Choice

IS BUSING NEEDED? _____, **AM** _____, **PM** _____, **BOTH** _____.
If you answered YES to busing needed, please continue; if you answered NO, you've completed 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 **responsibility** 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 _____ Date _____