

SECTION 105C 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 county contiguous to Livingston County.

Applications must include the student's most recent cumulative report card and attendance record.

Fowlerville Community Schools will accept Genesee, Ingham, Oakland, Shiawassee, and Washtenaw County students. Applications must be received by the first Friday of school.

ONLY ONE STUDENT PER APPLICATION	= Required
Student's Name PRINT FIRST NAME	PRINT LAST NAME
Grade of Student in Fall 2025 Are you applying to attend the Fowlerville On-Line Learn	Year of Graduation ning Academy? () YES () NO
Date of Birth/ Male Female	
Parent(s)/Guardian(s)	
Street Address	
City and Zip Code	
Home Phone #	Do not write in this space.
Mother's Work # and/or Cell #	FF
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 School () YES () NO	ls?
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

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

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.

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 Student(s):								
Name	of Parent/Guardi	an/Cai	retako	er (write NA if u	nava	nilable):			
1.	The student(s) temporarily stay(s) in one of the following situations: Emergency shelter or transitional housing program Motel/hotel Shares housing (doubled up or "couch surfing") with family or friends due to loss of housing, economic hardship or similar reasons such as family conflict, unhealthy living conditions, unsafe situations, abuse or neglect, parental incarceration or death. 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. Another situation that is not fixed, regular or adequate:								
2.	The reason for Unemploym Kicked out	this liv	ing si			Inadequate income Unsafe conditions	☐ Fire/	Natural disaster	
3.	Since this date:					, I hav	e lived in this	temporary address:	
	STREET					CITY	STATE	ZIP CODE	
4.	Please initial ea	ch par	agraj	oh below and sig	n:				
that fal		nforma	ation f	for the purposes of	f sch	ool enrollment is ag		ledge. I understand n law. Falsifying	
with fe release transpo	deral law and state and exchange info ortation staff, school g asked to assist th	grant ormation	data r on with ol wor	eporting requirent to school staff (i.e kers, counselors,	nents . the etc.)	, I give permission t McKinney-Vento li	o the Education of the	ecounting, school assisting the student(s)	
limited	to releasing and e	xchang	ging in	formation to pro	vide	ervices for the stude the student(s) with t rest of the student(s)	ransportation	ove including but not (including public	
	stand that this contation of the student					ne school year and I	have received	l a copy and an	
Signatu	ıre & Relationship	to stud	lent:					Date:	

Transportation Request Form 2025-2026 School of Choice

IS BUSING NEEDED?	, AM	, PM	, BOTH .
If you answered YES to busing needed, p	lease continue; if yo	ou answered NO, you	've completed this form.
Student's Name			
School Attending			rade
Home Address			
Home Phone	Work	Pnone	
Transportation of School of Choice s	tudents to and fro	m Fowlanvilla Sah	pals is the responsibility of the
parent. You may take your student to			
district. If your bus stop is approved,	please allow 5 sch	ool days for proces	sing.
Please call the Transportation	Office for tim	es and nearest	bus stop (517) 223-6122.
The above privileges must not cause a	any changes in the	bus route, overload	d any bus, or result in additional
costs to the District. If any of these			be terminated. Parents will be
given five days' notice prior to the car	ncellation of rider	snip.	
Transportation Request Forms mus	st be submitted a	nnually.	
Parent's Signature			_Date