

**APPLICATION FOR PARTICIPATION**  
**105C**  
**K-12 PUBLIC SCHOOLS**  
**“SCHOOLS OF CHOICE” PROJECT FOR SCHOOL YEAR 2009-2010**

TO: The Superintendent’s Office where Applicant Child/Student desires to attend.

\_\_\_\_\_  
Name of Applicant Child/Student

\_\_\_\_\_  
Date of Birth of Applicant Child/Student

\_\_\_\_\_  
Grade of Applicant Child/Student

\_\_\_\_\_  
Name of School District Residence of  
Applicant Child/Student

\_\_\_\_\_  
Name of School District Requested by  
Applicant Child/Student to Attend

\_\_\_\_\_  
Name of School Building Requested by Parent(s)  
of Applicant Child/Student to Attend

Reason(s) for Parent(s) desire(s) for Child/Student to be a participant of the “*Schools of Choice*” Project for School Year 2009-10:

Has this student ever been suspended or expelled? Yes \_\_\_ No \_\_\_ If yes, for what reason and date of occurrence?

**Hold Harmless Clause:**

As the parent(s) making application for my/our child, my/our signature on this application signifies my/our understanding and agreement to the Policy language. My/Our signature also holds harmless each participating district, their employees, and their Board of Education members for any decision made relative to the Policy and coinciding guidelines.

\_\_\_\_\_

-Name of Applicant Child/Student Parent(s)

\_\_\_\_\_

-Address of Applicant Child/Student Parent(s)

\_\_\_\_\_

-Telephone Number of Applicant Child/Student Parent(s)

X \_\_\_\_\_

-Signature of Applicant Child/Student Parent(s)

X \_\_\_\_\_

Date of Application: \_\_\_\_\_

s:school of choice

**APPLICATION FOR PARTICIPATION  
MANISTEE INTERMEDIATE SCHOOL DISTRICT  
K-12 PUBLIC SCHOOLS  
“SCHOOLS OF CHOICE” PROJECT FOR SCHOOL YEAR 2009-2010**

TO: The Superintendent’s Office where Applicant Child/Student desires to attend.

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Name of Applicant Child/Student

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Date of Birth of Applicant Child/Student

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Grade of Applicant Child/Student

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-Name of Applicant Child/Student Parent(s)

\_\_\_\_\_  
-Address of Applicant Child/Student Parent(s)

\_\_\_\_\_  
-Telephone Number of Applicant Child/Student  
Parent(s)

X \_\_\_\_\_  
-Signature of Applicant Child/Student Parent(s)

X \_\_\_\_\_  
Date of Application: \_\_\_\_\_

s:school of choice

OFFICE OF THE SUPERINTENDENT  
MANISTEE AREA PUBLIC SCHOOLS

Applications may be rejected if the student has been suspended or expelled during the semester of application of the preceding semester.

TRANSPORTATION:

1. Parents will be responsible for transporting students to and from school in the ISD-wide School of Choice Program.
2. Parents may have the option to drive their child to a pre-approved bus stop in the school district of choice if space is available on the bus. Once the child is transported from school to the bus stop it is the responsibility of the parent/guardian to provide transportation home for the child. Parents should also be aware that on those rare occasions when school closes early due to weather, etc., it is also their responsibility to provide transportation home for the child.
3. Parents will assume the responsibility for the safety of the child at the bus stop.
4. Students participating in the ISD-wide Schools of Choice Program, who are eligible to ride a school bus, are required to follow the rules, regulations and bus discipline policy of that district.
5. ISD-wide School of Choice participants will be expected to arrive at school on time every day.
6. Participants will follow the new district's attendance and tardy policy, and will be disciplined according to those policies.