

2023-2024 Schools of Choice Application



Date of Application: _____

Student Name: _____

Grade Entering in the current school year: _____ Date of Birth: _____

School Attended in previous school year: _____

The school district in which you reside: _____

Parent/Guardian Name(s): _____

Street Address: _____

Phone (home): _____ Alternate phone number(s): _____

Email address: _____

Is a sibling currently attending Manistee Area Public Schools as a Schools of Choice Student? Yes No

Name(s) and grades of siblings: _____

Has your child ever been expelled from any school district? Yes No

If yes, state the school, date, and reason: _____

Has your child ever been suspended from **any** school within the last two (2) years? Yes No

If yes, state the school, date, and reason: _____

Has your child ever been convicted of a felony? Yes No

If yes, explain and when: _____

Has your child ever been tested for specialized services? Yes No

Does your child receive specialized assistance in school? Yes No

I give my permission for the release of information to Manistee Area Public Schools regarding **all** suspensions within the past two (2) years as well as any expulsions involving my child. Yes No

I understand transportation will be the responsibility of the parent/guardian. Yes No

I understand that misrepresenting or withholding information on the application may cause the application to be withdrawn or rejected. Yes No

I understand that Michigan High School Athletic Association (MHSAA) regulations apply to all high school age transfers. Yes No

Office use only:

Date application received: _____

