

Eau Claire Public Schools

6190 West Main Street ~ Eau Claire, Michigan ~ 49111

2021-2022 Non-Resident Enrollment Application (School of Choice) Form

A separate application form must be completed by the student's parent or legal guardian for each student desiring to attend the Eau Claire Public Schools under School of Choice State Aid Act of 1996, P.A. 300, Sec.105.

SECTION I (Please Print)

Student's Name (Last, First, Middle)	Date of Birth ____/____/____	<input type="checkbox"/> Female <input type="checkbox"/> Male	Grade Requested: _____
Student's Address	City	Zip Code	
Student's Resident School District	School Currently Attending (Specific Building Name):		
Parent/Guardian Name (Last, First, Middle Initial):	Telephone Number (home and cell):		
Parent/Guardian Address (if different than above):	City:	Zip Code:	
E-Mail Address:			

SECTION II

Has the student attended Eau Claire Public Schools in Prior Years?	<input type="checkbox"/> No <input type="checkbox"/> Yes, List years, and grade levels?
Does the student have any relatives already attending Eau Claire Public Schools?	<input type="checkbox"/> No <input type="checkbox"/> Yes, List full name(s) and grade levels?

SECTION III

To avoid a break in service, please check below any services your child is currently receiving: _____ <i>Special Education</i> _____ <i>504 Plan</i> _____ <i>ESL</i> _____ <i>Other:</i> _____	
NOTE: Eau Claire Public Schools is required to obtain a 105c Special Education agreement for any Schools of Choice student that resides outside the Berrien County area and is currently receiving special education services from their resident district. If we are unable to obtain this agreement from your child's resident school district, your child will be unable to attend Eau Claire Public Schools under the Schools of Choice Program.	
Has the student been truant or had attendance problems at another school during the preceding two (2) years?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Please explain:
Has the student ever been suspended from school for any reason during the past two (2) years?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Please explain:
Has the student ever been expelled from any school for any reason?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Please explain:

SECTION IV

I (we) understand that incomplete applications will not be considered.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I (we) understand that transportation to and from school is the responsibility of the parent/guardian. However if accepted, the student will be eligible for transportation services at specifically designated bus stops outside the District or the student may receive transportation from any pick up/delivery point within the Eau Claire School District.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I (we) understand that transportation is a privilege and students are expected to follow the rules and expectations of the transportation department. Failure to comply may result in the termination of transportation privileges provided by the District.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I (we) understand that transportation services may be available, but not guaranteed, after school for student-athletes or students participating in afterschool programs.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I (we) understand that if Eau Claire Public Schools finds any information that is incorrect, deficient, or falsified on this application, that Eau Claire Public Schools reserves the right to immediately terminate the enrollment of the student.	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION V

RELEASE OF INFORMATION (MANDATORY):

I/we give permission to the _____ & the _____
(Currently Enrolled School District) (Previous School District-if Different from above)

to release **any requested school information** to Eau Claire Public Schools for the following student:

_____ _____ _____
(Full Name of Student) (Student's Date of Birth) (Grade Level)

Parent(s) /Legal Guardian Signature and Date

Parent(s) /Legal Guardian Signature and Date

As the parents(s)/legal guardian making an application for Eau Claire Public Schools under School of Choice State Aid Act of 1996, P.A. 300, Section 105, my/our signature(s) on this application signifies my/our understanding and agreement to the Schools of Choice language and guidelines and to all rules and regulations of student handbooks. My/Our signature(s) also holds harmless the Eau Claire Public Schools, their employees, and the Board of Education members for any decisions made relative to the Schools of Choice Language and guidelines.

SIGNATURES OF PARENT(S)/LEGAL GUARDIAN(S):

Parent(s) /Legal Guardian Signature

Parent(s) /Legal Guardian Signature

Date

Date

To help expedite the processing of this application, a copy of the student's latest report card or transcript should be included with the completed application.

Please return the completed application and requested documentation to:

Eau Claire Public Schools~ 6190 West Main Street~ Eau Claire, Michigan ~ 49111

Or Fax the form to **269.461.0089**