

# Boyne Falls Public School



## Schools of Choice Application Outside Char-Em ISD (105c)

Revised: 6-22-22

Instructions: One application must be completed for each student by the child's parent or legal guardian. The completed application **must be signed by the resident district's principal or superintendent** and returned to: Boyne Falls Public School, P.O. Box 356/01662 M-75 South, Boyne Falls, MI 49713. Questions regarding this form may be directed to Karen Sherwood at 231-549-2211.

### Student (ONE application per student):

Student Name: \_\_\_\_\_ Student Grade (entering): \_\_\_\_\_

Address: \_\_\_\_\_

Student Birth Date: \_\_\_\_\_ Please check one:  M  F

District of Residence: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

### General Information:

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Are any siblings currently enrolled/attending the Boyne Falls School District?  Yes  No

If yes, please list name and grade: \_\_\_\_\_

### Student Information:

Reason(s) for seeking to enroll student(s) in the Boyne Falls School District:

Has the student ever been suspended, expelled, or otherwise excluded for disciplinary reasons?

Yes  No If yes, please provide an explanation:

Has the student ever been tested for specialized services?  Yes  No

Or do they receive specialized assistance in school?  Yes  No If yes, please provide an explanation:

Section 105c legislation has specific language regarding special education. Section 19 of Act 94 of 1979 reads:

"In order for a district or intermediate district to enroll pursuant to this section a nonresident pupil who resides in a district located in a contiguous intermediate district and who is eligible for special education programs and services according to statute or rule, or who is a child with disabilities, as defined under the individuals with disabilities education act, Public Law 108-446, the enrolling district shall have a written agreement with the resident district of the pupil for the purpose of providing the pupil with a free appropriate public education. The written agreement shall include, but is

not limited to, an agreement on the responsibility for the payment of the added costs of special education programs and services for the pupil. The written agreement shall address how the agreement shall be amended in the event of significant changes in the costs or level of special education programs or services required by the pupil.”

Boyne Falls Public School reserves the right to require such an agreement from the sending district before enrolling special education eligible students or students being considered for special education.

Please read carefully and acknowledge the following by checking the boxes and signing below:

- I have been provided a copy of the open enrollment agreement and understand and will abide by all of its provisions.
- I understand that I am committing to enroll the above named child for a period of not less than ONE academic year.
- I understand, and agree that per the terms of the agreement, the student's resident school district is not obligated to re-enroll them until the beginning of the next academic year.
- I understand that determinations of admission, denial academic credit, assignment, or placement are to be made by the Boyne Falls Public School District, and I agree to abide by them.
- I understand transportation will be the responsibility of the parent/guardian.
- I understand Michigan High School Athletic Association regulations apply to all high school age transfers.
- I understand that misrepresenting or withholding information on the application may cause my application to be withdrawn or rejected.
- I agree to hold the Boyne Falls Public School District, and any of their employees, and their Board of Education harmless for any decision in the admission process.

I understand that incomplete, false or misleading information will render this application null and void and may result in removal of the student from the Schools of Choice Program at Boyne Falls Public School.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Resident School District Information:

***This application must be delivered to the resident school district superintendent to be completed and will be returned by the resident district to the enrolling district.***

Has the student ever been suspended, expelled, or otherwise excluded for disciplinary reasons?

Yes     No    If yes, please explain.

Has the student ever been tested for specialized services? Or do they receive specialized assistance in school?

Yes     No    If yes, please explain.

Completed by:

\_\_\_\_\_  
PRINT Name

\_\_\_\_\_  
Signature

Resident School: \_\_\_\_\_

Date: \_\_\_\_\_

*Applicants for admission as non-resident students and their parents/guardians are hereby notified that the Boyne Falls Public School District does not discriminate on the basis of race, color, national origin, gender, religion, or disability in admission or access to programs, activities, or policies.*