

## Schools of Choice - Open Enrollment Program (K-12)

### *Application for Enrollment*

General Information: Kindergarten through twelfth grade students residing in a local district within Iosco RESA may apply to attend any other local public district. Please complete an application for each student applying.

#### Section 1: To be Completed by the Student's Parent or Guardian

Student Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

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

\_\_\_\_\_ City/State \_\_\_\_\_ Zip Code

Resident District of Student: \_\_\_\_\_  
District/Building Currently Attending

District/Building Name of School Requested: \_\_\_\_\_  
Enrollment (Choice)

Grade Next Year: \_\_\_\_\_ Alternate District/Building: \_\_\_\_\_  
Requested Enrollment

Special Services Required by Student: \_\_\_\_\_

Reason for Transfer Request (Optional) \_\_\_\_\_

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

Address: \_\_\_\_\_  
City/State \_\_\_\_\_ Zip Code

By signing below, I acknowledge and accept the policies and regulations of the Iosco Regional Education Service Agency Schools of Choice Program.

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

#### Section 2: To be Completed by the Choice School District

Date of Receipt of Application: \_\_\_\_\_ District Name: Whittemore-Prescott Area Schools

Contact Person (District Open Enrollment Program): Joe Perrera, Superintendent (989) 756-2500

Following review of this application for enrollment, and with consideration given to the policies and rule applicable to the IRESA Schools of Choice-Open Enrollment Program, and to the criteria of the district, which has been developed for approval of applications for enrollment this application, is hereby:

\_\_\_\_\_ Approved

\_\_\_\_\_ Disapproved (Must Complete One Box Below)

- Lack of space within school
- Lack of space within program
- Lack of space within district
- Other \_\_\_\_\_

\_\_\_\_\_  
Signature - Superintendent/Responsible Authority

\_\_\_\_\_  
Date