SCHOOLS OF CHOICE APPLICATION
2022-23 SCHOOL YEAR

RESET FORM

TO BE COMPLETED BY PARENT/GUARDIAN

☐ **Newaygo County SOC (NC-SOC)**
Student(s) live within the NC RESA service area

☐ **Section 105c**
Student(s) live in a district adjacent to the NC RESA service area

Today's Date:

Student(s) to be released from:

(Resident School district)

Student(s) Requesting to Attend:

(Choice or Non-resident School District)

District Student(s) are Currently Residing In:

Name(s) of Student(s)	Grade(s) in 22-23	Date(s) of Birth	Currently Receives Special Education Services (Yes or No)	Expelled or Suspended (Yes or No)

Describe any special education services provided:

Provide information on any suspensions or expulsions:

Parent/Guardian Information:

Name(s):

Cell Phone:

Work Phone:

Email Address:

Home Phone:

Address:

By signing below, I acknowledge and accept the guidelines of the NC-SOC or 105c program. I understand that any incomplete, inaccurate or false statements may invalidate this application/request.

*Hold Harmless Clause: I agree to hold harmless each Newaygo County public school district, their employees, and their board of education members for any decision in the selection process, potential or actual participation as a NC-SOC student relative to academic achievement, co-curricular participation, student discipline related to behavior, and all other aspects of participation as a member of a student body when in compliance with State regulations. *Application: I understand that every child must have an approved application before attending a NC-SOC school district. *Re-Application: I understand that once a child is accepted into a NC-SOC non-resident school district, the acceptance is guaranteed through graduation (with provisions); reapplication is not required on an annual basis, however, I must inform the NC-SOC non-resident school district of my child's intent to return. If I do not inform the choice district of my child's intent to return by TBD, I understand I will need to reapply for admittance, which may or may not be granted after the TBD deadline. *Transportation: It is understood that NC-SOC students will not be automatically provided transportation. Some districts may have transportation options available. Contact the Superintendent's office of the NC-SOC non-resident district for details. *Graduation: I agree to abide by the policies and graduation requirements of the NC-SOC non-resident district.

Signature of Parent/Guardian:

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2022-23 SCHOOL YEAR

FINAL DETERMINATION (OFFICE USE ONLY)

TO BE COMPLETED BY RESIDENT DISTRICT FOR NEWAYGO COUNTY SOC APPLICATIONS ONLY

The student(s) listed currently reside/s within your school district. Approval or denial from the resident superintendent is required within two weeks in order to complete this request. Thank you for your assistance.

Student Name(s):

☐ **Approved** ☐ **Denied**

List any students who are being denied:

Reason for denial:

RESIDENT SUPERINTENDENT'S SIGNATURE

DATE:

PLEASE DISTRIBUTE COPIES TO NON-RESIDENT DISTRICT

Student Name(s):

☐ **Approved** ☐ **Denied**

List any students who are being denied:

Reason for denial:

NON-RESIDENT SUPERINTENDENT'S SIGNATURE

DATE:

PLEASE DISTRIBUTE COPIES TO RESIDENT DISTRICT AND PARENT/GUARDIAN

NOTE: A district found to be in non-compliance with the regulations established under Section 105c of the State School Aid Act is subject to forfeiture of 5% of the district's entire state school aid for the year in question.

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ADMINISTRATION OFFICE
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