



Gratiot-Isabella 105/105c Schools of Choice Program  
**Application for School Year 2019-2020**

Please note: There will be a second Schools of Choice window that will open at the end of 1<sup>st</sup> semester / 1<sup>st</sup> trimester.

# Choice

~ **Unlimited Schools of Choice Districts** ~

<b>Participating Districts</b> <ul style="list-style-type: none"> <li>Alma Public Schools</li> <li>Ashley Community Schools</li> <li>Breckenridge Community Schools</li> <li>Fulton Schools</li> <li>Ithaca Public Schools</li> <li>St. Louis Public Schools</li> </ul>	<b>Early Application Deadline - August 9, 2019</b> Notification of acceptance will be mailed on August 16, 2019 for applications received at GI-RESD by 4:00 p.m. on August 9, 2019.  <b>Final Application Deadline - August 30, 2019</b> Notification of acceptance will be mailed on August 30, 2019 for applications received at GI-RESD by 4:00 p.m. on August 23, 2019.  (Applications will not be accepted after 4:00 p.m. on August 30, 2019).
--	---

<b>1</b> Choice District and Building	District First Choice	Choice Building Name
---------------------------------------	-----------------------	----------------------

<b>2</b> Student Information	Student Name		Date of Birth		Grade Entering This Fall	
	Street Address			City	State	Zip
	Resident District	District Currently Attending	Building Currently Attending			
	Has the student been expelled/suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for what reason:					

<b>3</b> Parent Information	Parent(s)/Guardian(s)		Email Address			
	Home Phone		Cell Phone		Work Phone	
	Street Address			City	State	Zip

<b>4</b> Signature Parent(s)/Guardian(s)	By signing below, I acknowledge and accept the following: • I understand the rules. • I agree to abide by the Choice School district's requirements. • I agree to attend the Choice School for one full school year.					
	<b>X</b> Parent(s)/Guardian(s) signature _____				<b>X</b> Date _____	
	Student (if over 16) signature _____				<b>X</b> Date _____	

Comments are optional: Please use reverse side to explain reason(s) for requesting participation in Schools of Choice.

<b>5</b> Superintendent Signatures	Parent(s)/Guardian(s) need to obtain the signature of Superintendent/Representative from the Home School and Choice School. Their signatures indicate receipt of application, but not approval.					
	Choice School			Home School (signature optional)		
	<b>X</b> _____ Superintendent/Representative Signature			<b>X</b> _____ Superintendent/Representative Signature		
<b>X</b> Date _____			<b>X</b> Date _____			

<b>6</b> Questions and Return Information	Questions / Mail or Return to: Gratiot-Isabella RESD Attn: Joyce Stevenson, Schools of Choice Program 1131 East Center Street • P.O. Box 310 • Ithaca, MI 48847-0310 (989) 875-5101, ext. 2337	Return by: <b>August 9, 2019</b> by 4:00 p.m. for early application deadline <b>August 30, 2019</b> by 4:00 p.m. for final application deadline
---	--	---

The Board of Education of Gratiot-Isabella Regional Education Service District complies with all federal and state laws and regulations prohibiting discrimination and with all requirements and regulations of the United States Department of Education and the Michigan State Department of Education.

It is also the policy of Gratiot-Isabella Regional Education Service District Board of Education that no person on the basis of sex, race, color, religion, national origin or ancestry, age, marital status, limited English, or handicap shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination in any program, employment practice, or activity for which it is responsible or for which it receives financial assistance from the United States Department of Education or the Michigan State Department of Education.

