



**Gratiot-Isabella 105 Schools of Choice Program**  
**Application for School Year 2018-19**

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.

**Early Application Deadline - August 10, 2018**

Notification of acceptance will be mailed on August 17, 2018 for applications received at GI-RESD by 4:00 p.m. on August 10, 2018.

**Final Application Deadline – August 24, 2018** (Applications will not be accepted after 4:00 p.m. on August 24, 2018).

Notification of acceptance will be mailed on August 31, 2018 for applications received at GI-RESD by 4:00 p.m. on August 24, 2018.

**Questions** - Contact Joyce Stevenson, 989-875-5101, ext. 2337; email: jstevenson@giresd.net

<b>1 Choice District and Building</b>	District First Choice	Choice Building Name		
<b>2 Student Information</b>	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 Parent Information</b>	Parent(s)/Guardian(s)		Email Address	
	Home Phone	Cell Phone	Work Phone	
	Street Address	City	State	Zip
<b>4 Signature Parent(s)/Guardian(s)</b>	<b>By signing below, I acknowledge and accept the following:</b>			
	<ul style="list-style-type: none"> <li>• I understand the rules, regulations, grading system &amp; graduation requirements of Choice School District.</li> <li>• I agree to abide by the Choice School district's requirements.</li> <li>• I agree to attend the Choice School for one full school year.</li> </ul>			
	X Parent(s)/Guardian(s) signature _____		X Date _____	
Student (if over 16) signature _____		X Date _____		
<b>Comments are optional:</b> Please use reverse side to explain reason(s) for requesting participation in Schools of Choice.				
<b>5 Superintendent Signatures</b>	<b>Parent(s)/Guardian(s) need to obtain the signature</b> of Superintendent/Representative from the Home School and Choice School. Their signatures indicate receipt of application, but not approval.			
	<b>Choice School</b>		<b>Home School (signature optional)</b>	
	X _____ Superintendent/Representative Signature		X _____ Superintendent/Representative Signature	
	X Date _____		X Date _____	
<b>6 Return Information</b>	<b>Mail or return to:</b> Gratiot-Isabella RESD Attn: Joyce Stevenson, Schools of Choice Program 1131 East Center Street, P.O. Box 310 Ithaca, MI 48847-0310		<b>Return by:</b> <b>August 10, 2018</b> by 4:00 p.m. for early application deadline <b>August 24, 2018</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.

**Instructions**

- If student already attends Choice School, this form does not apply.
- Complete separate form for each student, if you have more than one student attending the Choice School.
- Return form with your Gratiot-Isabella Schools of Choice application.

**1 Student Information**

Student Name	
Date of Birth	Grade entering this fall

**2 Home School**

Home School (School currently attending where records are located)			
Street Address	City	State	Zip

**3 Choice School**

Choice School			
Street Address	City	State	Zip

**4 Other Information**

As the student's records are necessary in program planning, we are requesting that you include any special help information (psychological, placement in remedial or accelerated programs, etc.)

**5 Authorization & Signature**

In compliance with the Family Educational Rights and Privacy Act of 1974, I hereby permit the **Home School** to release the records or copy of records of **my child** to the **Choice School**. (Student name, Home and Choice School provided above).

Parent(s)/Guardian(s) signature: \_\_\_\_\_

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

**6 Return Information**

**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