



# 2024-2025 School of Choice – 2<sup>nd</sup> Semester

School of Choice forms can only be submitted to SCC RESA between  
December 2 through December 16, 2024.

**Please Note:**

- **KINDERGARTEN STUDENTS:** If you are receiving this application with Kindergarten Round-up paperwork, you will return the completed application back to the district.
- School of Choice only applies to those students wishing to attend a school outside of their home district (request for a different building in your home district goes directly to the district).
- Students do not need to reapply to the same school of choice district each year, once they have been approved and are enrolled in their school of choice district.
- You will be notified of School of Choice status approximately 3 weeks after the window closes. Students may be denied due to: discipline, lack of space, or in the event that a special needs student lives out of county and a 105c agreement has not been reached.

**Reminders: Print legibly, Do not print back to back, and Complete one application only per student.**

Student Name: \_\_\_\_\_ Student Date of Birth: \_\_\_\_\_  
Last First Initial

Grade Entering: \_\_\_\_\_ School District in which student lives: \_\_\_\_\_

Contact Name(parent/guardian): \_\_\_\_\_

School of Choice District and Building you are applying to attend:

Applicants can request building preference but the decision on building placement is at the district's discretion.

	District Name	Building Preference
1 <sup>st</sup> Choice		
Alternate (Optional)		

Name of sibling already attending school in your School of Choice district: \_\_\_\_\_

#1 Parent/Legal Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_ Child lives: \_\_\_\_\_  
Street City Zip Code

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

#2 Parent/Legal Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_ Child lives: \_\_\_\_\_

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

List previous schools attended in the past two years current/most recent first.

Name of School	City, State	Dates Attended	Reason for Leaving

1. Has the student ever been expelled from school? If yes, please explain: Yes No  
\_\_\_\_\_
2. Has the student been suspended from school during the past two school years? If yes, please explain: Yes No  
\_\_\_\_\_
3. It is understood that the student is required to follow all M.H.S.A.A. eligibility guidelines for athletic participation. Yes No  
\_\_\_\_\_
4. Has the applicant received special education service(s) at any time? If so, please list service(s) and attach the IEP form. **St. Clair County RESA and its member districts reserve the right to deny enrollment to a student residing outside the Intermediate School District if a mutual agreement (105c) cannot be reached with the student's home district/ISD related to responsibility for added costs.** Yes No  
\_\_\_\_\_
5. It is understood that the student will adhere to the attendance policies that are written in the student handbooks and that tardies/absences will not be excused because of lack of transportation or weather conditions. Yes No  
\_\_\_\_\_
6. It is understood that transportation of this student is the responsibility of the parent/guardian. The School of Choice district has no general responsibility to provide transportation. Yes No

As the parent(s)/legal guardian making application for Schools of Choice under State Aid Act of 1996, P.A. 300, Sections 105 and 105c, my/our signature(s) on this application signifies my/our understanding and agreement to the Schools of Choice language and guidelines and to all rules and regulations of student handbooks. It is also understood that if any information on this application is found to be incorrect or falsified, including affirmation of prior discipline records, this would immediately terminate enrollment of the student on this form. My/Our signature(s) holds harmless the St. Clair County RESA, their employees, and Board of Education members for any decisions made relative to the Schools of Choice language and guidelines. It also grants St. Clair County RESA permission to contact our current district to obtain school records for my/our student, including discipline records.

NOTE: St. Clair County RESA and its member districts will accept non-resident students without regard to intellect, academic, artistic, athletic, or other ability or talent, mental or physical disability, religion, race, color, national origin, sex, height, weight, or marital status.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please return this application with requested documentation (IEP and discipline records) to:  
SCC RESA, 499 Range Road, Marysville, MI 48040, Attn: Tami Sly



499 Range Road, PO Box 1500  
Marysville, MI 48040  
Phone: (810) 364-8990

**REQUEST FOR STUDENT DISCIPLINE RECORDS**

**Please complete a separate form for each school previously attended.**

Student Name: \_\_\_\_\_  
Grade(s) Completed: \_\_\_\_\_  
Name of School: \_\_\_\_\_  
School Address: \_\_\_\_\_  
School City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

The above-named student has applied to attend a St. Clair County RESA member school district under the schools of choice program. Please email the student's discipline file for the 2022-23 and 2023-24 school years. If there is no discipline on file, please indicate on the bottom of this form. Please mail all discipline information to [sly.tami@sccresa.org](mailto:sly.tami@sccresa.org).

Final acceptance is contingent upon further review of the student's discipline file and thus, **ONLY discipline information is needed at this time**. If accepted as a school of choice student, additional records will be requested under separate cover. Thank you in advance for your assistance.

**PARENTAL PERMISSION**

I hereby authorize the release of all disciplinary records for the above named student to St. Clair County RESA and the district in which the student would be enrolled. I understand that St. Clair County RESA will be required to share any information obtained with my School of Choice Application. I authorize St. Clair County RESA and/or choice district to review these records to determine my students' eligibility for enrollment for the upcoming year.

\_\_\_\_\_  
Signature of Parent/Guardian Date

.....  
(School officials to complete below portion)

\_\_\_\_\_ has no discipline infractions for the \_\_\_\_\_ and \_\_\_\_\_ school years.  
(Student Name)

\_\_\_\_\_  
Name /Title /  
Date