



Application for Schools of Choice Program

5113 F1

Sault Ste. Marie Area Public Schools
Second Semester 2024-25

School: _____ **Grade Entering:** _____

Student Name: _____ Birth Date: _____

Address: _____

City/State/Zip: _____ Phone: _____

School Last Attended & Dates: _____ School District in which you live: _____

Parent(s) Guardian(s): _____

Address (If different than Student's): _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Has the student been suspended/expelled from any school during the past two years? Yes No

Are any other family members applying for Schools of Choice to our district? Yes No

By signing below, I acknowledge what I have indicated is correct and accept the policies and regulations of the Sault Ste. Marie Area Public Schools.

Parents(s)/Guardian(s)/signature: _____ Date _____

Student (if over 16) signature: _____ Date _____

Applications must be returned to: **Superintendent of Schools, 876 Marquette Avenue, Sault Ste. Marie, Michigan 49783.**

Applications received after January 3, 2025, will be processed on a first come first serve basis and will be limited to the remaining available seats. In accordance with state law, no applications will be accepted after January 17, 2025.

Transportation of non-resident students is the responsibility of the parent/guardian. Students may use existing bus route/stops if space permits.

The Board of Education of this School 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 this School Districts 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 discriminate 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.

For District Use Only:

Application Received by _____

Date Approved _____

Building _____

Signature _____

Copy to: Building
 Resident District