



# Schools of Choice (SoC) 2025-2026 Application for Enrollment

Application Window: **April 14, 2025 – September 5, 2025**

- One application form per child must be received at the Central Office of your choice school district by **4:00 pm - 9/5/2025**.
- Questions should be directed to the Central Office of the choice district.
- Do not submit separate applications to Ionia ISD.

<b>District of choice:</b>	<b>Grade entering next semester:</b>
<b>In-County SoC</b> ( <i>Student resides <u>within</u> Ionia ISD</i> ) Select one: <b>Yes</b> <b>No</b>	<b>Section 105c</b> ( <i>Student resides in a county <u>adjacent to</u> Ionia ISD</i> ) Select one: <b>Yes</b> <b>No</b>
<b>Student Information</b>	
Student Name:	Birthdate:
Address:	Parent's Email:
City/State/Zip:	Home Phone:
Resident District:	Work Phone:
Parent / Guardian:	
School District and Building Currently Attending:	
Does your student receive Special Education or other services? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please explain:	
Has your child ever been expelled from school? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please explain:	
Has your child been suspended from any school in the last two years? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please explain:	
<b>K-12 Sibling Information</b>	
Is this student residing in the same household as students currently enrolled through School of Choice in the immediately preceding school year, semester or trimester?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Sibling Name</b>	<b>Entering Grade</b>
<b>Parent Signature</b>	
By signing below, I acknowledge that I have been provided a copy of, and accept the policies and regulations of the Ionia ISD Schools of Choice Program. I also understand that incomplete, inaccurate or false information I have provided may invalidate the transfer. <b><i>If my child is accepted as a Schools of Choice (SoC) student, I also understand that transportation shall be my sole responsibility.</i></b>	
<b>Parent/Guardian Signature:</b>	<b>Date:</b>
Student Signature (if 18 or older):	Date:
<b>Choice District Superintendent Signature</b>	
The Ionia Intermediate School District and constituent local districts comply with all federal state laws and regulations prohibiting discrimination, and with all requirements and regulations of the United State Department of Education and the Michigan Department of Education. The following signature indicates acceptance of the student:	
<b>Authorized Signature:</b>	<b>Date:</b>