



1. Has the student ever been expelled from school? If yes, please explain: Yes No  


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2. Has the student been suspended from school during the past two school years? Yes No  
 If yes, please explain: \_\_\_\_\_  


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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 services at any time? Yes No  
 If so, please list the 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.**  


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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 a 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.

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|----------------------------------|-------------|
| <b>Parent/Guardian Signature</b> | <b>Date</b> |
| <b>Parent/Guardian Signature</b> | <b>Date</b> |

The following items **must be submitted** in order to complete your application.  
 \_\_\_ School of Choice Application                      \_\_\_ IEP (if applicable)  
 \_\_\_ Request/Release for Student Discipline Records

**Please return this application with requested documentation (IEP, etc.) to: [soc@sccresa.org](mailto:soc@sccresa.org) or mail to SCC RESA, 499 Range Road, Marysville, MI 48040, Attn: School of Choice**



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 records for the 2023-24 and 2024-25 school years. If there are no disciplinary records on file, please note that on the bottom of this form. Please email all discipline information to [soc@sccresa.org](mailto:soc@sccresa.org).

At this point in the process, **ONLY discipline information is needed.** If a student is preliminarily accepted into the School of Choice, additional records will be requested separately. Thank you in advance for your assistance.

**PARENTAL PERMISSION**

I hereby authorize the release of all disciplinary records for the student named above 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 the choice district to review these records to determine my students’ eligibility for enrollment for the upcoming year.

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

\_\_\_\_\_  
Date

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(School officials to complete the below portion)

\_\_\_\_\_ has no discipline infractions for the 2023-24 and 2024-25 school years.  
(Student Name)

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