

**FLUSHING COMMUNITY SCHOOLS**  
**Schools of Choice Application – 2026-27 School Year**  
**SECTION 105 & 105C CONTIGUOUS ISD LIMITED ENROLLMENT**

Flushing Community Schools will accept Section 105 and 105c Schools of Choice Applications for the 2026-2027 school year, **grades K-9 ONLY**, beginning June 1<sup>st</sup> through June 30<sup>th</sup>, 2026. All applications must be completed and returned to the Administration Office no later than **4:00 p.m., on Tuesday, June 30<sup>th</sup>, 2026**. Requests will be reviewed by the Deputy Superintendent's Office and notification letters will be mailed to families by the end of July. *Note: Failure to meet this deadline will result in denial of the request.*

**STUDENT INFORMATION:**

Name: \_\_\_\_\_ District of Residence: \_\_\_\_\_  
First Last MI (105-or-105c)

Address: \_\_\_\_\_  
Street City State Zip

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
Female Male 2026-27

**PAST ENROLLMENT INFORMATION (previous two years):**

2025-2026 School Year				2024-2025 School Year			
School District Attended:		Grade:		School District Attended:		Grade:	
Building:				Building:			
Address:				Address:			
Phone/Email:				Phone/Email:			

**Within The Last Two Academic Years:**

Has Student Been Suspended? No  Yes   
 Has Student Been Expelled? No  Yes   
 Has Student Withdrawn from School? No  Yes   
 Has Student Been Convicted of a Felony? No  Yes

High School Only: # of Credits Earned to Date:	
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**If answered YES to any questions above, please include date and explanation below:**

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

**SPECIAL EDUCATION:**

Has your student ever utilized Special Education\* programs or services? No  Yes   
 If yes, please specify: \_\_\_\_\_

\*Per the Michigan Dept of Education, Section 105c contains an additional requirement that the choice district must enter into a written cooperative agreement with the special education pupil's resident district as to the payment of added cost associated with the pupil's programs and as to how services will be handled.

**FOR OFFICE USE ONLY**

**Resident District Information:**

Discipline Requested: \_\_\_\_\_  
 \_\_\_\_\_  
 Discipline Received: \_\_\_\_\_

**Choice District Information:**

Date Received: \_\_\_\_\_  
 Received By: \_\_\_\_\_  
 Grade: \_\_\_\_\_ Driver's License: \_\_\_\_\_

**SIBLING(S) INFORMATION:**

List the full name of any siblings below. Indicate if the sibling is currently enrolled through the Schools of Choice program with Flushing Community Schools or if a new Schools of Choice application is being submitted (a separate application is required for each child):

	Student Name	New Application	Current FCS Student
1.	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	<input type="checkbox"/>	<input type="checkbox"/>

**PLEASE STATE REASONS FOR APPLYING FOR SCHOOLS OF CHOICE:**

\_\_\_\_\_  
\_\_\_\_\_

**BUILDING SELECTION (1st – 6th grade students only):**

Families with students entering 1st through 6th grades are asked to identify which Flushing Community Schools elementary building they would like their student to attend. By providing this information, families understand it is not guaranteed and will only be used as a guide for building selection.

Rank Building Choice 1 – 4 Below: (1 being first choice, 4 being last choice)

\_\_\_\_\_ No preference, we're happy to be a part of the Raider Family at any of the buildings!

**- or -**

- \_\_\_\_\_ Central Elementary - 525 Coutant Street
- \_\_\_\_\_ Elms Elementary - 6125 N. Elms Road
- \_\_\_\_\_ Seymour Elementary - 3088 N. Seymour Road
- \_\_\_\_\_ Springview Elementary - 1233 Springview Street

Reason for this selection: (i.e. shortest distance, siblings attend, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**PARENT/GUARDIAN INFORMATION \*Copy of current driver's license required:**

Name: \_\_\_\_\_  
First Last MI

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_  
Home/Cell Work

*"I hereby authorize my resident school district to send my child's student records and transcripts, including behavior reports, Special Education, Section 504 or other specialized programs, pursuant to this application to the district to which I am applying as a Schools of Choice. All information I have provided in this application is true and correct. I understand that providing any false information on this application is sufficient grounds for denial."*

\_\_\_\_\_  
Parent/Guardian Signature Today's Date

**FOR OFFICE USE ONLY**

Dept. Superintendent Reviewed: Approved \_\_\_\_\_ Denied \_\_\_\_\_ Letter Mailed \_\_\_\_\_