105c Schools of Choice – Contiguous ISD Application for Fall Enrollment 2022-2023 School Year

Instructions: K – 12 grade students residing in a contiguous Intermediate School District may apply to attend North Branch Area Schools without a release from their resident school district and without tuition being imposed. Complete one application for each student. Every question under Section 1 MUST be answered. Completed application must be sent to North Branch Area Schools no later than **4:00 P.M. August 25, 2022.**

Section 1 – To be completed by the Student's Parent/Guardian:

Student Name:			Birthdate:			:: 🛘 Male	☐ Female
L	ast	First	M.I.		Day/Year		
Student Address:				C	ounty:		
S	treet		City	Zi	p Code		
School Currently Atte	ending:				G	rade for 22-23	3
Resident District of S	tudent:	Requeste	d District/Building	for Schools o	of Choice:		
Parent/Guardian Name:			Phone	e # Home:		Work:	
	Last	First	M.I.				
Parent/Guardian Add	ress (if different from stu	dent address):					
Reasons for Transfer	Request:		Street		Cit	y 	Zip Code
Does your child have	a behavior plan?	□ No	☐ Yes				
	been suspended or exp district, date and reason		☐ Yes pulsion:				
Does your child have	Special Needs? Active	IEP? ☐ No	☐ Yes If	f yes, attach o	current IEP or	Section 504	Plan
Does your child recei	ve Speech Services?	□ No	☐ Yes				
Is student currently a	ttending the public scho	ol district of choice a	s a tuition pupil?	□ No	☐ Yes		
Does this student have	ve a brother or sister alre	eady attending the so	chool of choice?	□ No	☐ Yes		
Is Parent/Guardian a	school employee of the	district of choice?		□ No	☐ Yes		
	s true and correct to the besovided by me may be consided				cords to the rece	iving school. I	understand that
Signature of Parent/G	uardian				Date		
Send or Deliver to:	North Branch Are 6655 Jefferson, F North Branch, MI	O Box 3620 48461	******	******	*******	*****	******
	completed by the No						
	application, and with con enrollment under this pro			ires of the Sch	nools of Choice	in the contig	uous counties
☐ Approved		of information providing:					
☐ Disapprov		d school district is un ne following reason:_					
Name of Schools of 0	Choice Contact Person:_	Rhoda Lu			Phone:810	-688-3570	
Signature of Superint	endent or Designee:					Date:	