Cassopolis Public Schools
22721 Diamond Cove Street
Cassopolis, MI 49031
269.445.0500 Phone
269.228.5752 Fax

Date Application Released:_____
Released By:_____

Date Received by Supt. Office:_____

CHECK ONE (1) OF THE FOLLOWING <u>BEFORE</u> COMPLETING THIS APPLICATION:

1. ☐ Application submitted during Open Enrollment prior to new school year. Student qualifies for Section PA 105 & PA 105c Schools of Choice.
   Date Open Enrollment expires:_____

2. ☐ Application submitted after Open Enrollment deadline expired. Applicant does not qualify for Section PA 105 or PA 105c. Release of Foundation funding from non-resident school district superintendent is required, and non-resident tuition may be applicable. The application will be considered at the next open enrollment period.

3. ☐ Application submitted after Open Enrollment deadline expired. Student plans to continue education in resident school district, however, requests that application be kept current until the School of Choice Open Enrollment period begins prior to new school year. At that time application will be considered for approval.

SCHOOLS OF CHOICE APPLICATION

SECTION PA 105 & PA 105(c)

Non-Resident Students Requesting Enrollment Into Cassopolis Public School District

To enable a non-resident state aid release tuition student to enter/continue at **Cassopolis Public Schools**, advanced approval of the following persons must be obtained:

1. Superintendent of receiving school district
2. Building administrator
3. Parent or guardian of student (student of legal age (18) may sign for him/herself in lieu of parent or guardian)

<u>Please fill in form completely and print clearly</u>

Student's Name:_____ Date of birth:_____

Parent's Name:_____ Home phone:_____

Address:_____ Work phone:_____

School district of residence:_____Phone:_____

School currently attending:_____

Reason for request:_____

_____

_____

_____

School desired in Cassopolis Public School District: _____

School year:_____Grade:_____

SPECIAL EDUCATION** (check all that apply)

❒ Student is in Special Ed ❒ Student has a current IEP ❒ Student has a 504 Plan

PLEASE CHECK THE SERVICES THIS STUDENT RECEIVES AT HIS/HER RESIDENT SCHOOL DISTRICT.

❒ Learning Disabled (LD)
❒ Emotionally Impaired (EI)
❒ Educationally Mentally Impaired (EMI)
❒ Speech/Language Impaired
❒ Physically or Otherwise Health Impaired (POHI)
❒ Visually Impaired (VI)
❒ Hearing Impaired (HI)
❒ Other:_____

****Note: If the student currently receives Special Education services and you are a resident in any school district other than Dowagiac, Edwardsburg or Marcellus, the superintendent of the resident district must sign the Special Education Addendum "Agreement to Provide Special Education Programs and Services" in order for the child to enroll as a 105(c) student, Section 18, Law 91-230.**

ACADEMIC RECORD (For applicants in grades 6-12 only)

Classes enrolled in and grades received:

Semester I		Semester 2	
Class:_____	Grade:_____	Class:_____	Grade:_____
Class:_____	Grade:_____	Class:_____	Grade:_____
Class:_____	Grade:_____	Class:_____	Grade:_____
Class:_____	Grade:_____	Class:_____	Grade:_____
Class:_____	Grade:_____	Class:_____	Grade:_____
Class:_____	Grade:_____	Class:_____	Grade:_____
Class:_____	Grade:_____	Class:_____	Grade:_____

NUMBER OF DAYS ABSENT THE LAST TWO SEMESTERS

1st Semester_____ 20_____ - 20_____

2nd Semester_____ 20_____ - 20_____

Extenuating Reasons for Absences (Explain)_____

_____

DISCIPLINARY RECORD

Has student been **SUSPENDED** from school in the **LAST TWO YEARS**?

❒ YES ❒ NO

If YES, number of days (total) suspended_____; number of incidents_____

Reasons for disciplinary action:_____

_____

Has student ever been **EXPELLED** from school?

❒ YES ❒ NO If YES, how long?_____

State reasons:_____

_____

Does student have a criminal record?

❒ YES ❒ NO

If YES, state offense:_____

Name of county and court which has jurisdiction:_____

Sentence:_____

Is student currently under court jurisdiction?

❒ YES, on probation. How long?_____

❒ NO, not currently on probation.

MY SIGNATURE INDICATES ALL INFORMATION PROVIDED IS TRUE AND ACCURATE. I AM AWARE IF INACCURATE OR FALSE INFORMATION IS SUBMITTED THAT IT MAY RESULT IN THE SCHOOLS OF CHOICE STATUS BEING DENIED. CASSOPOLIS PUBLIC SCHOOLS HAS MY PERMISSION TO CONTACT MY CHILD'S FORMER SCHOOL DISTRICT TO OBTAIN PERTINENT INFORMATION.

Parent or Guardian Date

Student, if legal age Date

For Office Use Only

Building Administrator Date

Special Ed Director Date

Superintendent, Cassopolis Public Schools Date

❒ APPROVED ❒ NOT APPROVED

7/2024