

**PINCKNEY COMMUNITY SCHOOLS  
INTERDISTRICT SCHOOLS OF CHOICE PROGRAM**

**APPLICATION FORM FOR SCHOOL YEAR 2017/2018 – 2<sup>nd</sup> Semester**

**Schools of Choice Program**

***Interdistrict Schools of Choice Program:***

- The Pinckney Community Schools is accepting applications for enrollment from students in grades K -12 who do not reside within the Pinckney Community Schools boundaries pursuant to Section 105 and 105c of the State Aid Act.
- Maximum number of spaces available for Interdistrict Schools of Choice Program applicants new for second semester of 2017/2018 2<sup>nd</sup> semester are:

K = 25  
1 = 25  
2 = 12  
3 = 7

4 – 6 = 30  
7 – 8 = 30  
9 -12 = 60  
Alternative Education and Virtual School = 0

- There is no tuition charge for students accepted for enrollment under this program.
- The Pinckney Community Schools and the home district (if student resides within a contiguous intermediate school district) must have a written agreement to provide a free and appropriate public education, including responsibility for payment of added costs, for any student eligible for and/or receiving special education programs and services, prior to enrollment acceptance.
- Students do not need a release from their home district if accepted for enrollment in the Pinckney Community Schools under Schools of Choice.
- Transportation will be the responsibility of the parent/guardian. Parents may utilize an existing Pinckney Community Schools bus stop that is near their residence.
- Applications should be submitted between December 5, 2017 and January 5, 2018 with final selections to be made by January 12, 2018. Applications submitted after the deadlines will be considered after those who have applied within the timelines have been placed, and subject to available space at the applicable school building. (Note: Slots are available up through the first week of the second semester.)

***DIRECTIONS:***

1. Parent/Legal Guardian needs to complete the attached form and sign on the appropriate line. [If the parent/legal guardian is requesting participation in the Interdistrict Schools of Choice Program for more than one student in the family, a separate Application Form should be completed for each student.]
2. Mail, fax (810-225-3909), email (soc@pinckneypirates.org) or drop off the completed form to the Pinckney Community Schools Board of Education Office, 2130 East M-36, Pinckney, Michigan 48169.
3. If you have any questions or would like assistance with the Interdistrict Schools of Choice Program, please contact Brian Higgins, Assistant Superintendent for Human Resources and Student Services, at (810) 225-3900.

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**APPLICATION FORM FOR SCHOOL YEAR 2017/2018 – 2<sup>nd</sup> Semester**

**PLEASE PRINT**

**Student Name** \_\_\_\_\_  Male  Female  
   First  Last

**Address** \_\_\_\_\_  
                                 Street  P.O.Box                                City  Zip

**Date of Birth** \_\_\_\_\_ **Grade in Attendance for 2017-18 School Year** \_\_\_\_\_

**If Requesting an Elementary School, please list 1<sup>st</sup> and 2<sup>nd</sup> choice.**

**1<sup>st</sup> Choice** \_\_\_\_\_ **2<sup>nd</sup> Choice** \_\_\_\_\_

**School Currently Attending** \_\_\_\_\_

**Home School District** \_\_\_\_\_

**Has the student been suspended from school in the last two (2) years? Yes \_\_\_\_\_ No \_\_\_\_\_**

**If yes, please explain** \_\_\_\_\_

**Does the student qualify and/or receive special education services? Yes \_\_\_\_\_ No \_\_\_\_\_**  
 If yes, and services needed are other than speech, please attach the most recent IEP.

**NOTE:** Acceptance for enrollment shall not be granted or refused based upon religion, race, color, national origin, sex, height, weight, marital status or athletic ability. However, should special education services be required, the Pinckney Community Schools must develop a written agreement for services, including added costs, with the resident district.

**Parent or Legal Guardian (Please Print)** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Please read and sign:** I am applying to have my son/daughter attend the Pinckney Community Schools under the Interdistrict Schools of Choice Program. I have read the program description and understand the procedures outlined. In order to process student’s application, I give my permission to the Pinckney Community Schools to receive student record information from my student’s current or previous school(s), in regards to academic, disciplinary, and special education (if applicable) records. This permission is given pursuant to the Family Educational Rights to Privacy Act (FERPA).

\_\_\_\_\_  
Signature of Parent/Legal Guardian Date

\_\_\_\_\_  
Signature of Student (if 18 or over) Date