



Boyne City School District

Schools of Choice

Application for Participation

Received Date: _____

Approved: Yes No

Initials: _____ Date _____

*To be completed by the receiving school
district superintendent or designee*

1. To apply and be eligible for the lottery, fully completed applications are due back to the superintendent of the Boyne City School District before July 1 (December 15).
2. Notification of eligibility for enrollment will be made to parent/guardian by July 15 (January 1).
3. Applications for enrollment will be accepted on a space available, first-come, first-serve basis after the lottery dates have passed, however enrollment of students by parent/guardian must be completed before September 15 (first Wednesday in February).
4. Applications or enrollments will not be accepted after this date, until the next open enrollment period the following semester.

APPLICANT INFORMATION *(one application form per student to be completed by parent/guardian):*

Student:

Applicant Student Name _____

Student Grade (entering) _____

Student Birthdate _____

Please check one: Male Female

District of Residence _____

Last school attended _____

Sibling # 1 Name _____

Student Grade (entering) _____

Student Birthdate _____

Please check one: Male Female

District of Residence _____

Last school attended _____

Sibling #2 Name _____

Student Grade (entering) _____

Student Birthdate _____

Please check one: Male Female

District of Residence _____

Last school attended _____

Reason(s) for seeking to enroll student(s) in the Boyne City Public School District: _____

Parent/Guardian:

Parent/Guardian Name _____ Address _____

Telephone _____ City/Zip _____ / _____

Email _____

Are any siblings currently enrolled/attending the Boyne City Public School District? Yes No

If yes, please list name and grade: _____, _____, _____

Has the student ever been suspended, expelled, or otherwise excluded for disciplinary reasons? Yes No

If yes, please provide an explanation: _____

*Application continued on back
Please complete both sides*

Has the student ever been tested for specialized services? Yes No
 Or do they receive specialized assistance in school? Yes No

If yes, please provide an explanation: _____

Please read and acknowledge the following by checking the boxes and signing below:

- I have been provided a copy of the open enrollment agreement and understand and will abide by all of its provisions.
- I understand that I am committing to enroll the above named student for a period of not less than one academic year.
- I understand, and agree that per the terms of the agreement, the student's resident school district is not obligated to re-enroll them until the beginning of the next academic year.
- I understand that determinations of admission, denial, academic credit, assignment, or placement are to be made by the Boyne City Public School District, and I agree to abide by them.
- I understand transportation will be the responsibility of the parent/guardian.
- I understand Michigan High School Athletic Association regulations apply to all high school age transfers.
- I understand that misrepresenting or withholding information on the application may cause my application to be withdrawn or rejected.
- I agree to hold the Boyne City Public School District and any of their employees, and their Board of Education harmless for any decision in the admission process.

Records, including disciplinary and attendance, will be requested from student's previous school. Do you give permission for all the student's records to be released? Yes No

Parent Signature _____ Date _____

RESIDENT SCHOOL DISTRICT INFORMATION *(to be completed by resident school administrator)*

this application must be delivered to the resident school district superintendent to be completed and will be returned by the resident district to the enrolling district

Has the student ever been suspended, expelled, or otherwise excluded for disciplinary reasons? Yes No

If yes, please provide an explanation: _____

Has the student ever been tested for specialized services? Or do they receive specialized assistance in school? Yes No

If yes, please provide an explanation: _____

Completed by: _____ Date: _____

Resident School: _____

Completed Applications can be emailed to tpatrick@boyne.k12.mi.us or faxed to 231-439-8195, thank you.

Applicants for admission as non-resident students and their parents/guardians are hereby notified that the Boyne City School District does not discriminate on the basis of race, color, national origin, gender, religion, or disability in admission or access to programs, activities, or policies.