Cooperative Schools of Choice Program Application (SY2026-27)

Date Received: _____
Approved: ___ Yes ___ No

Initials: Date:

Student Name: _____

Chosen School District: _____

Applicant Information:

(1 application per student to be completed by parent/guardian)

Student Name:_____Student Grade (entering SY26-27):_____

Student Birth Date:_____Please Check One: Male ☐ Female ☐

District of Residence: _____Last School Attended: _____

Sibling #1 Name: _____Student Grade (entering SY26-27):_____

Student Birth Date:_____Please Check One: Male ☐ Female ☐

District of Residence:_____Last School Attended:_____

Sibling #2 Name:_____Student Grade (entering SY26-27):_____

Student Birth Date:_____Please check one: Male ☐ Female ☐

District of Residence:_____Last School attended:_____

Reasons for seeking to enroll in the chosen school district: _____

_____

_____

Parent/Guardian:

Parent/Guardian Name:_____Address: _____

Telephone:_____City & ZIP:_____

Are any siblings currently enrolled/attending the chosen school district?
☐ Yes ☐ No

If yes, please list name(s)/grade(s): _____

_____

Has the applicant student ever been suspended, expelled, or withdrawn from school in lieu of disciplinary consequences? ☐ Yes ☐ No

If yes, please explain: _____

_____

Has the applicant student ever been convicted of or pled guilty or no contest to a misdemeanor or felony?
☐ Yes ☐ No

If yes, please explain: _____

How many total days of school has the student been absent in each of the past three school years:

2025-2026: _____

2024-2025: _____

2023-2024: _____

Additional information related to attendance (optional):_____

_____

Has the student ever been tested for specialized services, including through an IEP or Section 504 Plan?
☐ Yes ☐ No

Does the student receive specialized assistance in school, including pursuant to an IEP, Section 504 Plan, or health plan? ☐ Yes ☐ No

If Yes, please explain: _____

_____

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

☐ I understand that I am committing to enroll the above-named student for a period of not less than one academic year.

☐ I understand that my application may be denied if it is submitted outside the enrollment window, is not filled out completely and signed, or is modified in any way.

☐ I understand that my student(s), if accepted, are subject to the District's determinations regarding the awarding of transfer credit, grade and course placement and assignment, and building or program placement.

☐ I understand that the District may deny enrollment to any student who has previously been suspended or expelled, who withdrew from a school district in lieu of disciplinary consequences, who has been convicted of or pled guilty or no contest to a misdemeanor or felony, who has a documented history of chronic

nonattendance, or whose enrollment application contains materially false information.

☐ If my student is accepted, I understand that my student(s) may continue to enroll in this District unless the student withdraws, is expelled, or is no longer a resident of any participating constituent district, or has been chronically absent in the preceding school year and the District determines that continued enrollment is not in the student's best interests.

☐ I understand that completing this application in no way guarantees my student(s) a seat in the District, and that the District's decision to grant or deny this application is final.

☐ I understand transportation will be the responsibility of the parent/guardian to the extent permitted by law.

☐ 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 chosen district, and any of its employees and its Board of Education harmless for any decision in the admission process.

Records, including disciplinary and attendance, will be requested from the student's previous school. Do you give permission for all the students' 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 to be completed and will be returned by the resident district to the enrolling district.)

Has the applicant student ever been suspended, expelled, or withdrawn from school in lieu of disciplinary consequences? ☐ Yes ☐ No

If yes, please explain: _____

_____

Has the applicant student ever been convicted of or pled guilty or no contest to a misdemeanor or felony? ☐ Yes ☐ No

If yes, please explain:_____

How many total days of school has the student been absent in each of the past three school years:

2025-2026:_____

2024-2025:_____

2023-2024:_____

Additional information related to attendance (optional): _____

_____

Has the student ever been tested for specialized services, including through an IEP or Section 504 Plan?
☐ Yes ☐ No

Does the student receive specialized assistance in school, including pursuant to an IEP, Section 504 Plan, or health plan? ☐ Yes ☐ No

If Yes, please explain: _____

_____

Completed by: _____ Date:_____

Resident School: _____

Signatures

Superintendent Releasing Student: _____ Date of Release: _____

Accepting Superintendent: _____ Date: _____

Applicants for admission as non-resident students and their parents/guardians are hereby notified that the _____School District does not discriminate on the basis of race, color, national origin, ethnicity, religion, sex, sexual orientation, gender identity or expression, pregnancy, height, weight, marital status, age, disability, genetic information, veteran status, military service, or any other legally protected category in admission or access to programs.