

# ATHENS AREA SCHOOLS

## APPLICATION FOR PARTICIPATION SECTION 105 "SCHOOLS OF CHOICE" 2015-2016 School Year

### Applicant Information

Applicant's (Student) Name: \_\_\_\_\_

Slot/Grade you're applying for: \_\_\_\_\_

Last grade completed: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent(s)/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (Dad) (\_\_\_\_) \_\_\_\_\_ (Mom) (\_\_\_\_) \_\_\_\_\_

Previous School District \_\_\_\_\_

Last Two Years \_\_\_\_\_

Resident School District \_\_\_\_\_

(if different than above) \_\_\_\_\_

Has this applicant/student been suspended or expelled from school within the past two years? \_\_\_\_ YES \_\_\_\_ NO

If YES, reason for suspension or expulsion: \_\_\_\_\_

### Sibling Information:

Does the applicant have a sibling(s) attending Athens Area Schools? \_\_\_\_ YES \_\_\_\_ NO

If YES, please list names and present grade and/or present age:

\_\_\_\_\_  
Name Grade

\_\_\_\_\_  
Name Grade

Does the applicant have a sibling(s) that may be eligible for Schools of Choice "preference" in future years?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, please list names and present grade:

\_\_\_\_\_  
Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_  
Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Does the applicant have a relative currently living in the Athens Area School District? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, please list Name and Address \_\_\_\_\_  
\_\_\_\_\_

Additionally, you will need to present the following information with this application:

- 1. Copy of the Student's Birth Certificate \_\_\_\_\_
- 2. Up-to-date Immunization Records \_\_\_\_\_
- 3. Address of last school attended: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\* Special Note:** The provisions of Section 105 have no effect on the Michigan High School Athletic Association (MHSAA) rules. Section 105 schools of choice pupils are considered non-resident pupils and, at MHSAA member high schools, are ineligible for interscholastic athletics for one full semester.  
REF: Section 105 schools of choice, 1996.

**NOTE:** *Transportation will be the responsibility of the student's family.*

The signature below gives permission for the records pertaining to the "applicant" to be released to Athens Area Schools.

\_\_\_\_\_  
Parent(s)/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

.....  
***For Office Use Only***

Date Application Received: \_\_\_\_\_

Application Approved: \_\_\_\_\_

Application Denied: \_\_\_\_\_ Reason: \_\_\_\_\_

Applicant/Parent Notified on: \_\_\_\_\_

Signature of Administrator \_\_\_\_\_ Date \_\_\_\_\_