

SCHOOLS OF CHOICE COMMON APPLICATION



Grades 8-12

1. Enrollment in Washtenaw Educational Options Consortium programs under the Schools of Choice Schools State Aid Act of 1996, P.A. 300, is open to residents of Washtenaw County and counties contiguous to Washtenaw County.
2. Student transportation to school is the responsibility of the student or the parent.
3. Michigan High School Athletic Association regulations apply to all high school transfer students.
4. A separate application must be completed for each student applying to attend a district under the Schools of Choice State Aid Act of 1996, P.A. 300, Sections 105 and 105c. To apply for admission under Schools of Choice for each student in your household who is applying, complete and submit:
 - a. Schools of Choice Application,
 - b. Affirmation of Prior Discipline Record,
 - c. Request for Student Discipline Records,
 - d. IEP or 504 Plan, if applicable,
 - e. Grade card (grades 1-8) or transcript (grades 9-12).
5. Submit all application materials to the WEOC program you are wanting to attend by the deadline, in person, by fax, or by mail.
6. Once the enrolling District receives your completed application materials, the District will fax the Request for Student Discipline Records to the schools the student attended during the prior two years.
7. The Superintendent will review the student's discipline records upon receipt from the prior school and will either approve or deny the application. **This could take some time, as there is often a delay in receiving discipline records due to summer recess.** Applications will not be considered until discipline records are received and reviewed.
8. Please note that the enrolling District reserves the right to deny access to a student who receives special services and resides outside the Washtenaw Intermediate School District if mutual agreement cannot be reached with the student's home district/ISD related to responsibility for added costs.
9. You will be notified when your application is approved or denied. Denial would be based on past discipline. Denial of the application may also occur if the enrolling District is unable to reach a mutual agreement with the student's home district/ISD related to responsibility for the added costs for special education services (if applicable).
10. You may enroll your student once the application is approved.

2018-2019 Schools of Choice Common Application



Student Information:

Last Name: _____ First: _____ Middle Initial: _____ DOB: ____ / ____ / ____

Permanent Address for Student: _____
 Number Street City Zip

Mailing Address (if different): _____
 Number Street City Zip

Home Phone: _____
 Cell Phone: _____ Grade entering during 18-19 school year: _____
 High school credits must match grade level

District in which you currently reside: _____

District in which you are applying for School of Choice: _____

WEOC Program applying to:

- Early College Alliance at EMU (ECA) Washtenaw Alliance for Virtual Education (WAVE) Washtenaw International High School (WiHi)

How did you hear about the District's school of choice option?

- Advertising Direct Mail District web site
 Knowledge of District Recommendation Technology available Other _____

1. Parent/Legal Guardian Name: _____
 Last First Email Address

Work Phone: _____ Cell Phone: _____

2. Parent/Legal Guardian Name: _____
 Last First Email Address

Work Phone: _____ Cell Phone: _____

List previous schools attended with current/most recent first (attach an additional sheet if necessary):

Name of School	City, State	Dates Attended	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please complete the following:

1. Has the student ever been expelled from another school? If yes, please explain: Yes No
-
2. Has the student been suspended from another school during the preceding two (2) school years? If yes, please explain: Yes No
-
3. It is understood that the student may be athletically ineligible for one (1) full semester according to M.H.S.A.A. rules. Yes
4. Was the applicant previously enrolled in this District? If yes, when? _____ Yes No
5. Has the applicant received special education service (s) at any time? If so, please list service(s) and attach IEP form. (Please note that the District reserves the right to deny access to a student residing outside the Washtenaw Intermediate School District if mutual agreement cannot be reached with the student's home district/ISD related to responsibility for added costs). Yes No
6. It is understood that the student will adhere to the attendance policies that are written in the student handbooks and that tardies/absences will not be excused because of lack of transportation or weather conditions. Yes

As the parent(s)/legal guardian making application for Schools of Choice under State Aid Act of 1996, P.A. 300, Sections 105 and 105c, my/our signature(s) on this application signifies my/our understanding and agreement to the Schools of Choice language and guidelines and to all rules and regulations of student handbooks. It is understood that if the enrolling District finds any information that is incorrect or falsified on this application, including affirmation of prior discipline records, this will immediately terminate the student's application for and/or enrollment. My/Our signature(s) holds harmless the enrolling District, their employees, and Board of Education members for any decisions made relative to the Schools of Choice language and guidelines. It also grants the enrolling District permission to contact our current district to obtain school records for my/our student, including discipline records.

NOTE: The District will accept non-resident students without regard to intellect, academic, artistic, athletic, or other ability or talent, mental or physical disability, religion, race, color, national origin, sex, height, weight, or marital status. Any person with questions about the enrolling District's compliance with the regulations implementing Title VI, Title IX, or Section 504 of the Rehabilitation Act is directed to contact the District Superintendent. **The District reserves the right to deny access to a student residing outside the Washtenaw Intermediate School District if mutual agreement cannot be reached with the student's home district/ISD related to responsibility for added costs.**

Parent /Guardian Signature

Date

Parent /Guardian Signature

Date

(Office Use Only) Application Received: Discipline Release Faxed:

Request is: Granted Denied By: _____ Date: _____

SOC Lottery Number: _____

Date notification sent to/picked up by Parent(s)/Legal Guardian: _____

Date request for student records sent: _____ Name of School: _____

**SCHOOLS OF CHOICE
COMMON APPLICATION**



REQUEST FOR STUDENT DISCIPLINE RECORDS

(Grades 8-12 Only)

Date: ___/___/___

Student Name: _____

Name of Former School _____

Street Address _____

City/State/Zip _____

Telephone/Fax _____

The above-named student has applied to attend our school district under Michigan’s Schools of Choice program. Please send the student’s discipline file for the 2016-17 and the 2017-18 school years. If there is no discipline on file, please indicate on the bottom of this form and send it back.

School District Name: WEOC: Washtenaw International High School

Street Address: 510 Emerick St. Ypsilanti, MI 48198

Telephone: 734-994-8145 Option 1 (office)/ 734-484-9719 (fax)

E-mail: contactwihi@wihi.org

Final acceptance is contingent upon further review of the student’s discipline file and thus, **ONLY discipline information is needed at this time.** If accepted as a school of choice student, additional records will be requested under separate cover. Thank you in advance for your assistance.

PARENTAL PERMISSION

I hereby authorize the release of all discipline records for the above student to the above-named school district.

_____/_____/_____
Signature of Parent/Guardian Date

PREVIOUS SCHOOL DISTRICT

_____ has no discipline infractions for the 2016-17 or 2017-18 school years.
[Student Name]

_____ has discipline infractions for the 2016-17 or 2017-18 school years.
[Student Name] See ___ pages attached. (Please enter the number of pages attached.)

_____/_____/_____
Name Date Title

School District _____

Affirmation of Prior Discipline Record
(Grades 7-12 only)

Student Name: _____

Previous School District: _____

Building: _____

Address: _____

Directions:

Parent - Please check paragraph 1 or 2, provide all appropriate information, sign, and date.

A willful false statement on this affirmation will result in a report to the appropriate authorities and possible removal from the District.

Paragraph 1: The undersigned affirms that the student **has not been** suspended or expelled from any public or private school in Michigan or any other state, for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person, or for any act of violence against persons and/or property committed on school premises, at any school-sponsored activity, or on a public or private conveyance providing transportation to and from a school or school-sponsored activity.

Paragraph 2: The undersigned affirms that the student **has been** suspended or expelled from any public or private school in Michigan or any other state, for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person, or for any act of violence against persons and/or property committed on school premises, at any school-sponsored activity, or on a public or private conveyance providing transportation to and from a school or school-sponsored activity.

If you checked paragraph 2, explain the incident in detail on a separate sheet of paper.

Parent /Guardian Signature

Date