



# Public Schools of Petoskey

*A Special Place for Everyone*

Spitler Administration Building  
1130 Howard Street  
Petoskey, MI 49770  
(231) 348-2100  
(231) 348-2342 Fax

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

Approved:  Yes  No

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by the receiving school district administrator**

## Schools of Choice 2018-2019 Application for Participation

1. To apply and be eligible for the lottery, fully completed applications are due back to the superintendent of the Petoskey 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 Public Schools of Petoskey \_\_\_\_\_

#### Parent/Guardian:

**Must have all information to be considered for approval**

Parent/Guardian Name \_\_\_\_\_

Phone \_\_\_\_\_

Physical Address \_\_\_\_\_

City/Zip \_\_\_\_\_ / \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/Zip \_\_\_\_\_ / \_\_\_\_\_

Are any siblings currently enrolled/attending the Petoskey 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: \_\_\_\_\_

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. Available on-line at [www.petoskeyschools.org](http://www.petoskeyschools.org) Enrollment for Schools of Choice INTER-DISTRICT OPEN ENROLLMENT AGREEMENT.
- 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 Public Schools of Petoskey, 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 Public Schools of Petoskey 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/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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

***This application must be delivered to the resident school district superintendent/designee to be completed and will be returned by the resident district to the enrolling district PSP.***

Is this student enrolled in your district?  Yes  No

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 Administrator for \_\_\_\_\_

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

**Please Note: Applicants that reside in one school district but are enrolled in another school district have to provide this student information for approval under Schools of Choice.**

**Parent/Guardian please provide page 1 and page 2a to the district your student is enrolled in now.**

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. Available on-line at [www.petoskeyschools.org](http://www.petoskeyschools.org) Enrollment for Schools of Choice INTER-DISTRICT OPEN ENROLLMENT AGREEMENT. I understand that I am committing to enroll the above named student for a period of not less than one academic year.
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- 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 Public Schools of Petoskey 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/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**ENROLLED SCHOOL DISTRICT INFORMATION (to be completed by enrolled school administrator)**

***This application must be delivered to the enrolled school district superintendent/designee to be completed and will be returned by the enrolled district to the enrolling district PSP.***

Is this student enrolled in your district?  Yes  No

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 \_\_\_\_\_

Enrolled School Administrator for \_\_\_\_\_

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