Use this form if student is new to the District, was a tuition student during the most recent school year, or previous resident student who has moved out of district.

MASON COUNTY CENTRAL SCHOOL DISTRICT
Application for Admittance
West Shore ESD Area K-12 Public School Districts
"Schools of Choice" (105/105c) for School Year ***2018-2019***

This application must be completed by the parent/guardian (or by the student, if 18 years old or over or otherwise legally emancipated) for requested enrollment as a non-resident student in the Mason County Central School District, in accordance with Section 105/105c of the State School Aid Act of 1979 (Schools of Choice), as amended by Public Act 300 of 1996 (SB851).

To help us facilitate placement of your child in the Mason County Central School District, we would appreciate the **return of this form by July 31, 2018** to: Mason County Central School District, Central Business Office, 300 West Broadway, Scottville, MI 49454. The Schools of Choice window closes after *September 7, 2018*.

Name of Student _____ Student's Date of Birth _____

Name of Parent(s)/Guardian(s) _____

Address of Parent(s)/Guardian(s) _____
Street Number & Name / City / Zip

Home Phone _____ Work Phone _____

Name School District in which Student resides: _____
(**Proof of residency may be required by Mason County Central School District)**

Last grade completed by student at either resident school district or other district in 2017-2018, as applicable. _____

Last School and District attended _____

Grade requested by parent(s)/guardian(s) for student to attend at Mason County Central Schools in 2018-2019. _____

Reason for requesting your child attend Mason County Central Schools. _____

_____

_____

Has the student been expelled or suspended by his/her current district for disciplinary reasons? **YES** ____ **NO** ____ If yes, please explain on separate sheet or back of this form.

By submitting and signing this Application for Admittance, the parent(s)/guardian(s) (or student if 18 or emancipated) agree and represent as follows:

1. That they have read, understand, and consent to the terms of Section 105/105c of the State School Aid Act of 1979, as amended by Public Act 300 of 1996 (SB851). See attached.
2. That they authorize their current district to release student record information (academic and/or behavioral) to administrative and clerical personnel of the Mason County Central School District where attendance is desired for the purpose of verifying the contents of this Application.
3. That the information contained in the Application is truthful.

_____
Signature of Parent(s)/Guardian(s) (Student if 18 or emancipated) Date

APPROVED _____ DENIED _____

_____
MCC Superintendent Date

GRADE LEVEL TO BE APPROVED BY BUILDING PRINCIPAL

Applicants for admission as non-resident students and their parent(s)/guardian(s) are hereby notified that the Mason County Central School District, in compliance with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans with Disability Act of 1990, does not discriminated on the basis of race, color, national origin, sex, age, or disability, and no person shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination during any program or activity. Compliance/Grievance Coordinator is the Superintendent Designee, 300 West Broadway, Scottville, MI 49454, 231-757-3713.