

# SCHOOLS OF CHOICE APPLICATION 2024-25 SCHOOL YEAR

## TO BE COMPLETED BY PARENT/GUARDIAN

### Newaygo County SOC (NC-SOC)

Student(s) live within the NCRESA service area

### Section 105c

Student(s) live in a district adjacent to the NC RESA service area

Today's Date:

Student(s) to be released from:  
(Resident School District)

Student(s) requesting to attend:  
(Choice or Non-resident School District)

District student(s) are currently residing in:

Name(s) of Student(s)	Grade(s) in 24-25	Date(s) of Birth	Currently Receives Special Education Services (Yes or No)	Expelled or Suspended (Yes or No)
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Describe any special education services provided:

Provide information on any suspensions or expulsions:

Parent/Guardian Information:

Cell Phone:

Work Phone:

Name(s):

Email Address:

Home Phone:

Address:

By signing below, I acknowledge and accept the guidelines of the NC-SOC or 105c program. I understand that any incomplete, inaccurate or false statements may invalidate this application/request.

\*Hold Harmless Clause: I agree to hold harmless each Newaygo County public school district, their employees, and their board of education members for any decision in the selection process, potential or actual participation as a NC-SOC student relative to academic achievement, co-curricular participation, student discipline related to behavior, and all other aspects of participation as a member of a student body when in compliance with State regulations. \*Application: I understand that every child must have an approved application before attending a NC-SOC school district. \*Re-Application: I understand that once a child is accepted into a NC-SOC non-resident school district, the acceptance is guaranteed through graduation (with provisions); reapplication is not required on an annual basis, however, I must inform the NC-SOC non-resident school district of my child's intent to return. If I do not inform the choice district of my child's intent to return by TBD, I understand I will need to reapply for admittance, which may or may not be granted after the TBD deadline. \*Transportation: It is understood that NC-SOC students will not be automatically provided transportation. Some districts may have transportation options available. Contact the Superintendent's office of the NC-SOC non-resident district for details. \*Graduation: I agree to abide by the policies and graduation requirements of the NC-SOC non-resident district.

Signature of Parent/Guardian:

**SCHOOLS OF CHOICE APPLICATION  
2024-25 SCHOOL YEAR**

**FINAL DETERMINATION (OFFICE USE ONLY)**

**TO BE COMPLETED BY RESIDENT DISTRICT FOR NEWAYGO COUNTY SCHOOL OF CHOICE (SOC) APPLICATIONS ONLY**

The student(s) listed currently reside/s within your school district. Approval or denial from the resident superintendent is required within two weeks in order to complete this request. Thank you for your assistance.

Student Name(s):

Approved

Denied

List any students who are being denied:

Reason for denial:

**RESIDENT SUPERINTENDENT'S  
SIGNATURE:**

**DATE:**

**PLEASE DISTRIBUTE COPIES TO NON-RESIDENT DISTRICT**

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Student Name(s):

Approved

Denied

List any students who are being denied:

Reason for denial:

**NON-RESIDENT SUPERINTENDENT'S  
SIGNATURE:**

**DATE:**

**PLEASE DISTRIBUTE COPIES TO RESIDENT DISTRICT AND PARENT/GUARDIAN**

NOTE: A district found to be in non-compliance with the regulations established under Section 105c of the State School Aid Act is subject to forfeiture of 5% of the district's entire state school aid for the year in question.

<b>BIG JACKSON SCHOOL</b> ADMINISTRATION OFFICE 4020 13 MILE ROAD PARIS, MI 49338 (231) 796-8947 EMAIL: BBURT@NCRESA.ORG	<b>FREMONT PUBLIC SCHOOLS</b> ADMINISTRATION OFFICE 450 E. PINE STREET FREMONT, MI 49412 (231) 924-2350 EMAIL: WINGERSOLL@FREMONT.NET	<b>GRANT PUBLIC SCHOOLS</b> ADMINISTRATION OFFICE 148 S. ELDER AVE. GRANT, MI 49327 (231) 834-5621 EMAIL: KANDERSON@GRANTPS.NET
<b>HESPERIA COMMUNITY SCHOOLS</b> ADMINISTRATION OFFICE 96 S. DIVISION, P.O. BOX 338 HESPERIA, MI 49421 (231) 854-6185 EMAIL: SCHMITZS@HESP.NET	<b>NEWAYGO PUBLIC SCHOOLS</b> ADMINISTRATION OFFICE 360 S. MILL ST., P.O. BOX 820 NEWAYGO, MI 49337 (231) 652-6984 EMAIL: LGRACIK@NEWAYGO.NET	<b>WHITE CLOUD PUBLIC SCHOOLS</b> ADMINISTRATION OFFICE 555 E. WILCOX, P.O. BOX 1000 WHITE CLOUD, MI 49349 (231) 689-6820 EMAIL: FOSTERT@WHITECLOUD.NET