

Schools of Choice 105/105c
Posen Consolidated School District # 9
10575 Michigan Ave
Posen, MI 49776

Openings for the 2016-2017 School Year

Posen Consolidated School District # 9 is accepting applications from students residing within the Cheboygan, Otsego, Presque Isle Intermediate School District and contiguous “neighboring” Intermediate School Districts. The following are openings for the 2016/2017 school year.

Grades K-12 – Unlimited

The Second Semester will begin on Monday, January 23rd, 2017.

Applications will be accepted at the District office at the above address from January 9th, 2017 to January 23rd, 2017.
Applicants must be enrolled by January 23rd, 2017

For further information, call or write the District Office.

(989) 766-2573 or (989) 766-2471

Posen Consolidated School District # 9
10575 Michigan Ave.
Posen, MI 49776

Schools of Choice 105/105c
Application Form
2016-2017 School Year

Completed application must be returned to the Superintendent's office by January 23, 2017. Applicant must be enrolled by January 23, 2017. A separate application form must be completed for each student desiring to attend the Posen Consolidated School District under the Schools of Choice State Aid Act of 1996, P.A. 300, Sections 105/105c.

Name of Student

Student's Date of Birth

Grade Level Being Requested

Student's Resident School District Name

Building Being Requested

Name of Parent/Legal Guardian of Student

Permanent Address of Student

Address of Parent/Legal Guardian of Student

Please circle answer:

1. Has the student ever been expelled from another school? Yes No
2. Has the student been suspended from another school during the preceding two (2) school years? Yes No
If yes, please explain _____

3. If the student has attended another school in 9th grade or higher (10th, 11th, 12th) we understand the student is athletically ineligible for one (1) semester according to M.H.S.A.A. rules. Yes No
4. It is understood that the student will be ineligible for transportation services outside the Posen Consolidated School District. (The student may receive transportation from any pick-up/delivery point within the Posen Consolidated School District.) Yes No

Schools of Choice

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As the parent(s) making application for Schools of Choice under State Aid Act of 1996, P.A. 300, Sections 105/105c for my/our child, my signature on this application signifies my/our understanding and agreement to the Schools of Choice language and guidelines. My/our signature also holds harmless the Posen Consolidated School District, their employees, and board of education members for any decisions made relative to the Schools of Choice language and guidelines.

Signature of Parent(s)/Legal Guardian

Date

(To be completed by an official of Posen Consolidated School)

Date Application Received: _____

Date Request is: Granted _____ Denied _____

Date: Letter of Notification Sent to Parent(s) Legal Guardian(s) _____