

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

Openings for the 2019-2020 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 2019/2020 school year.

Grades K-12 – Unlimited

School begins on Tuesday, September 3, 2019

Applications will be accepted at the District office until September 6, 2019

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  
2019-2020 School Year

Completed application must be returned to the Superintendents office by September 6, 2019  
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, Section 105.

\_\_\_\_\_  
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?<br>If yes, please explain _____<br>_____   | Yes | No |
| 3. If the student has attended another school in 9 <sup>th</sup> grade or higher (10 <sup>th</sup> , 11 <sup>th</sup> , 12 <sup>th</sup> ) 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 |

As the parent(s) making application for Schools of Choice under State Aid Act of 1996, P.A. 300, Section 105 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) \_\_\_\_\_