ATHENS AREA SCHOOLS

APPLICATION FOR PARTICIPATION SECTION 105 "SCHOOLS OF CHOICE"

2023-2024 School Year

Applicant Informati	<u>ion</u>	,	
Applicant's (Student)	Name:		
Slot/Grade you're app	plying for:		
Last grade completed	l:	Date of Birth:	
Parent(s)/Guardian:			
Address:			
	City:	State: Zip	p Code:
Telephone #: Cell Phone:	() (Dad) ()	(Mom)) ()
Resident School Dist	rict		
If YES, please list na	eve a sibling(s) attending Ather	present age:	
Name			Grade
Association (MHSAA	A) rules. Section 105 schools on the schools, are ineligible for in	f choice pupils are con	e Michigan High School Athletic nsidered non-resident pupils and, at for one full semester.
NOTE: Transportati	ion will be the responsibility o	f the student's family.	
The signature below g Schools.	gives permission for the record	Is pertaining to the "ap	oplicant" to be released to Athens Are
Parent(s)/Guardian Si	gnature		Date

For Office Use Only

Date Application Received:		
Application Approved:		
Application Denied:	Reason:	
Applicant/Parent Notified on:		
Signature of Administrator		Date

APPLICATION FOR PARTICIPATION **SECTION 105c "SCHOOLS OF CHOICE"** ATHENS AREA SCHOOLS **2023-2024 School Year**

All School of Choice 105c students will need to secure an agreement from their sending district that they will cover all incurred special education costs since the Calhoun Intermediate School District will not reimburse local districts for 105c students.

Have you secured an agreement with your res Yes No Please provide the	sident district to cover any special education costs that may occur is agreement.
Applicant Information	
Applicant's (Student) Name:	
Slot/Grade you're applying for:	
Last grade completed:	Date of Birth:
Parent(s)/Guardian:	
Address:	
City:	State: Zip Code:
Telephone #: ()	(Mom) ()
Previous School District	
Resident School District	
	elled from school within the past two years? YES NO
If YES, reason for suspension or expulsion: _	
Sibling Information: Does the applicant have a sibling(s) attending If YES, please list names and present grade an	
Name	Grade

Grade

Name			Grade
Does the applicant h	ave a sibling(s) that may be elig		
If YES, please list n	ames and present grade:	YESN	10
Name		Grade	Date of Birth
Name		Grade	Date of Birth
	vo a relative apprently living in the		
	ve a relative currently living in the	Athens Area School District?	YESNO
If YES, please list N	ame and Address		
	me enrollees only will need to Student's Birth Certificate	present the following inform	nation with this application:
2. Up-to-date Ir	nmunization Records		
3. Address of la	sst school attended:		
* Special Note:	The provisions of Section 105		
	Association (MHSAA) rules. resident pupils and, at MHSA		
	athletics for one full semester	REF: Section 105 schools	of choice, 1996.
NOTE: Transporta	tion will be the responsibility of	f the student's family.	
The signature below g	ives permission for the records per	taining to the "applicant" to be	released to Athens Area Schools.
Parent(s)/Guardian S		Date	
••••••			
	For O	ffice Use Only	
Date Application Re	ceived:		
Application Approve	ed:		
Application Denied:	-	Reason:	
Applicant/Parent No	tified on:		
Signature of Administrat			

ATHENS AREA SCHOOLS

APPLICATION FOR PARTICIPATION SECTION 105C "SCHOOLS OF CHOICE" 2023-2024 School Year

Applicant Informati	<u>on</u>			
Applicant's (Student)	Name:			
Slot/Grade you're app	olying for:			
Last grade completed	:	Date of Birth:		
Parent(s)/Guardian:				
Address:				
	City:	State: Zip C	ode:	_
Telephone #: Cell Phone:	() (Dad) ()	(Mom) (_)	
Resident School Distr	rict			
If YES, please list nar	ve a sibling(s) attending Athens A mes and present grade and/or present	ent age:		NO Grade
Name				Grade
Association (MHSAA MHSAA member hig REF: Section 105 sch	The provisions of Section 105 has a rules. Section 105 schools of check schools, are ineligible for intersections of choice, 1996.	pice pupils are considerable holastic athletics for	lered non-res	sident pupils and, at
The signature below g Schools.	gives permission for the records pe	rtaining to the "appli	cant" to be re	eleased to Athens Area
Parent(s)/Guardian Si	gnature		ate	

For Office Use Only

Date Application Received:		
Application Approved:		
Application Denied:	Reason:	
Applicant/Parent Notified on:		
Signature of Administrator		Date

ATHENS AREA SCHOOLS

APPLICATION FOR PARTICIPATION SECTION 105 "SCHOOLS OF CHOICE" 2023-2024 School Year

Applicant Information

Applicant's (Student)	Name:		
Slot/Grade you're ap	plying for:		
Last grade completed	: Date of Birth:		
Parent(s)/Guardian:			
Address:			
	City: State: Zip Code:		
Telephone #: Cell Phone:	() (Dad) () (Mom) ()		
Previous School Dist	rict		
Last Two Years			
Resident School Distr	rict		
	ve)		
	ent been suspended or expelled from school within the past two years?		_ NO
If YES, reason for sus	spension or expulsion:		
	ve a sibling(s) attending Athens Area Schools?YES _ mes and present grade and/or present age:	NO	
Name		Grade	
Name		Grade	

Does the applicant have a sibling(s) that may be eligi	ble for Schools of Choice "YES N	
If YES, please list names and present grade:	1L51	
Name	Grade	Date of Birth
Name	Grade	Date of Birth
Does the applicant have a relative currently living in the A	Athens Area School District?	YES NO
If YES, please list Name and Address		
Additionally, you will need to present the following in 1. Copy of the Student's Birth Certificate 2. Up-to-date Immunization Records 3. Address of last school attended:		ation:
* Special Note : The provisions of Section 105 Association (MHSAA) rules. Section 105 schools of MHSAA member high schools, are ineligible for inte REF: Section 105 schools of choice, 1996.	choice pupils are considere	d non-resident pupils and, at
NOTE: Transportation will be the responsibility of	the student's family.	
The signature below gives permission for the records Schools.	pertaining to the "applican	t" to be released to Athens Area
Parent(s)/Guardian Signature	Date	
•••••••••••••	••••••	••••••••
For Of	fice Use Only	
Date Application Received:		
Application Approved:		
Application Denied:	Reason:	
Applicant/Parent Notified on:		
Signature of Administrator		