

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 applying for: _____

Last grade completed: _____ Date of Birth: _____

Parent(s)/Guardian: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Telephone #: (____) _____

Cell Phone: (Dad) (____) _____ (Mom) (____) _____

Resident School District _____

Sibling Information:

Does the applicant have a sibling(s) attending Athens Area Schools? ____ YES ____ NO

If YES, please list names and present grade and/or present age:

Name Grade

Name Grade

* **Special Note:** The provisions of Section 105 have no effect on the Michigan High School Athletic Association (MHSAA) rules. Section 105 schools of choice pupils are considered non-resident pupils and, at MHSAA member high schools, are ineligible for interscholastic athletics for one full semester.

REF: Section 105 schools of choice, 1996.

NOTE: Transportation will be the responsibility of the student's family.

The signature below gives permission for the records pertaining to the "applicant" to be released to Athens Area Schools.

Parent(s)/Guardian Signature

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 resident district to cover any special education costs that may occur?
____ Yes ____ No Please provide this 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 #: (____) _____

Cell Phone: (Dad) (____) _____ (Mom) (____) _____

Previous School District _____

Last Two Years _____

Resident School District _____

(if different than above) _____

Has this applicant/student been suspended or expelled 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 Athens Area Schools? ____ YES ____ NO

If YES, please list names and present grade and/or present age:

Name	Grade
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Name Grade

Does the applicant have a sibling(s) that may be eligible for Schools of Choice "preference" in future years?
_____ YES _____ NO

If YES, please list names and present grade:

Name Grade Date of Birth

Name Grade Date of Birth

Does the applicant have a relative currently living in the Athens Area School District? _____ YES _____ NO

If YES, please list Name and Address _____

Additionally, **first time enrollees only** will need to present the following information with this application:

- 1. Copy of the Student's Birth Certificate _____
- 2. Up-to-date Immunization Records _____
- 3. Address of last school attended: _____

* **Special Note:** The provisions of Section 105 have no effect on the Michigan High School Athletic Association (MHSAA) rules. Section 105 schools of choice pupils are considered non-resident pupils and, at MHSAA member high schools, are ineligible for interscholastic athletics for one full semester. REF: Section 105 schools of choice, 1996.

NOTE: *Transportation will be the responsibility of the student's family.*

The signature below gives permission for the records pertaining to the "applicant" to be released to Athens Area Schools.

Parent(s)/Guardian Signature Date

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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 105C "SCHOOLS OF CHOICE"
2023-2024 School Year

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 #: (____) _____

Cell Phone: (Dad) (____) _____ (Mom) (____) _____

Resident School District _____

Sibling Information:

Does the applicant have a sibling(s) attending Athens Area Schools? ____ YES ____ NO

If YES, please list names and present grade and/or present age:

Name Grade

Name Grade

* **Special Note:** The provisions of Section 105 have no effect on the Michigan High School Athletic Association (MHSAA) rules. Section 105 schools of choice pupils are considered non-resident pupils and, at MHSAA member high schools, are ineligible for interscholastic athletics for one full semester.
REF: Section 105 schools of choice, 1996.

NOTE: Transportation will be the responsibility of the student's family.

The signature below gives permission for the records pertaining to the "applicant" to be released to Athens Area Schools.

Parent(s)/Guardian Signature

Date

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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 applying for: _____

Last grade completed: _____ Date of Birth: _____

Parent(s)/Guardian: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Telephone #: (____) _____

Cell Phone: (Dad) (____) _____ (Mom) (____) _____

Previous School District _____

Last Two Years _____

Resident School District _____

(if different than above) _____

Has this applicant/student been suspended or expelled 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 Athens Area Schools? ____ YES ____ NO

If YES, please list names and present grade and/or present age:

Name Grade

Name Grade

