

- NILES COMMUNITY SCHOOLS -

**Administrative Services Center
Superintendent's Office**

**One Tyler Street
phone 269.683.0732**

**Niles, MI 49120
fax 269.684.9532**

2019-20 Application for Section 105 Schools of Choice

**APPLICANTS MUST RESIDE WITHIN THE BERRIEN COUNTY INTERMEDIATE SCHOOL DISTRICT
TO BE CONSIDERED FOR SECTION 105 SCHOOLS OF CHOICE**

INSTRUCTIONS: One application for each student, to be completed by the student's parent or legal guardian. The completed application must be returned to Niles Community Schools, Office of the Superintendent, One Tyler Street, Niles, Michigan, 49120. Questions regarding this form may be directed to Linda Spletzer, 269.683.0732, extension 10013.

APPLICATIONS WILL BE ACCEPTED AT THE OFFICE OF THE SUPERINTENDENT

SECTION I (PLEASE PRINT)

Student's Name (Last, First, Middle)	Date of Birth	<input type="checkbox"/> Female	Grade
		<input type="checkbox"/> Male	
Student's Address	City	Zip Code	
Student's Resident School District	School Currently Attending (Specific name of school building)		
Parent/Guardian Name (Last, First, Middle Initial)	Telephone Number		
Parent/Guardian Address	City	Zip Code	

SECTION II

Which building or program do you prefer he/she attend?	Reason for transfer if transferring in from another district?
Special Education services required? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain
Has the student ever been expelled from any school for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain
Has this student been suspended from school for any reason during the past two (2) years? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain

SECTION III (Please read carefully before signing)

By signing below, I agree to hold harmless each participating school district, their employees, and their Board of Education members for any decision in the selection process, potential or actual participation as a Section 105 Schools of Choice 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.

It is further understood that transportation of non-resident students will be provided by the parent/legal guardian. I also consent to have all student record information (including academic and behavioral records) released to Niles Community Schools from the district previously attended.

I further understand that incomplete, false, or misleading information will render this application null and void and may result in removal of the student from the Schools of Choice Program and Niles Community Schools. I understand if I become a resident of the Lewis Cass Intermediate School District and my student becomes eligible for Special Education services, it will affect the Schools of Choice eligibility.

Signature of Parent/Legal Guardian

Date