

# GALESBURG-AUGUSTA COMMUNITY SCHOOLS

## *2018-2019 Application for Section 105c Schools of Choice*

**APPLICANTS MUST RESIDE WITHIN ALLEGAN, BARRY, BRANCH, CALHOUN, CASS, VANBUREN AND ST. JOSEPH INTERMEDIATE SCHOOL DISTRICTS TO BE CONSIDERED FOR SECTION 105c SCHOOLS OF CHOICE.**

**INSTRUCTIONS:** One application for each student, to be completed by the child's parent or legal guardian. The completed application must be returned to Galesburg-Augusta Community Schools, Office of the Superintendent, located at 1076 North 37<sup>th</sup> St., Galesburg, Michigan, 49053. If you have questions regarding this form, please call the Administration Office at 269-484-2000.

**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 <input type="checkbox"/> Male	Grade in Fall 2018-2019
Student's Address	City	Zip Code	Last four digits of social security number
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

1. Reason for transfer?	
2. <b>Special Education services required? (Please attach IEP if possible)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please check services student has received: <input type="checkbox"/> Resource Room <input type="checkbox"/> Speech and Language Services <input type="checkbox"/> Section 504 <input type="checkbox"/> Special Education (self-contained classroom) <input type="checkbox"/> Other Placement (explain): _____
3. Has the student ever been expelled from school for any reason?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain
4. Has this student been suspended from school for any reason during the last two years?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain
5. Are all immunizations current?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain

**Section III (Please read carefully before signing)**

Section 105c legislation has specific language regarding special education. Section 19 of Act 94 of 1979 reads:

“In order for a district or intermediate district to enroll pursuant to this section a nonresidential pupil who resides in a district located in a contiguous intermediate district and who is eligible for special education programs and services according to statute or rule, or who is a child with disabilities, as defined under the Individuals with Disabilities Education Act, Public Law 108-446, the enrolling district shall have a written agreement with the resident district of the pupil for the purpose of providing the pupil with a free appropriate public education. The written agreement shall include, but is not limited to an agreement on the responsibility for the payment of the added costs of special education programs and services for the pupil.” Galesburg-Augusta Community Schools reserves the right to require such a financial agreement from the sending district before enrolling a special education eligible or student being considered for special education.

Therefore, please respond to one of the following two questions:

Has your child ever been considered for or received special education services in a previous school?  Yes  No  
If not enrolled in school now, does your child show potential toward requiring special education services?  Yes  No

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 Galesburg-Augusta Community Schools.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

**Section IV (OFFICE USE ONLY)**

For completion by principal:

Date Application Received: \_\_\_\_\_

Student Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Date of Reference Call: \_\_\_\_\_

Academic History:

Special Education or other supplemental services/support:

Attendance History:

Discipline History:

Other Information:

Application approved for consideration  Fall Enrollment  Other Enrollment \_\_\_\_\_

Application Denied (Reason/Comments) \_\_\_\_\_

Principal \_\_\_\_\_ Date \_\_\_\_\_ Superintendent \_\_\_\_\_ Date \_\_\_\_\_