

SECTION 105 SCHOOL OF CHOICE APPLICATION 2025-2026 SCHOOL YEAR

This application should be completed by the parent/guardian of the student seeking admission to Fowlerville Community Schools for the 2025-2026 school year. Eligibility includes students who reside in any Livingston County School District other than Fowlerville Schools. <u>Applications must include the child's most recent cumulative report card and attendance record.</u>

Fowlerville Community Schools will accept Livingston County students free of charge. Applications must be received by the first Friday of school.

ONLY ONE STUDENT PER APPLICATION

Student's Name PRINT FIRST NAME	PRIN	NT LAST NAME				
Grade of Student in Fall 2025 Are you applying to attend the Fowlerville	Year	Year of Graduation NO YES () NO				
Date of Birth/ Male	Female					
Parent(s)/Guardian(s)						
Street Address						
City and Zip Code						
Home Phone #						
Mother's Work # and/or Cell #						
Father's Work # and/or Cell #						
School District of Residence						
District Last Attended						
Name of School Attended						
Do you already have a child attending Fov						
If yes, which school?	Grade					

RETURN COMPLETED APPLICATION FORM TO:

Fowlerville Community Schools Janice Avis, Executive Secretary to the Superintendent 7677 W. Sharpe Rd., Suite A Fowlerville, MI 48836 Email: AvisJ@fowlervilleschools.org

Phone (517) 223-6016

ADDITIONAL INFORMATION

- 1. A copy of the student's most recent cumulative report card including attendance record must accompany application.
- 2. The Fowlerville School District is not responsible for providing transportation for Section 105 Schools of Choice students.

3.	The Fowlerville School District will comply with all requirements of 1996 Public Act 30,
	Section 105, (Schools of Choice).

4.	Does your child require special services?	() YES	() NO		
	Please explain:						
5.	If your child has an IEPT, please include a copy of your Education - Individualized Education Program Team Report)						
6.	Has this student ever had school discipline referrals?	() YES	() NO		
	If yes, how many referrals in the past two years? Number of Referrals						
	Reason for Referral(s)?						
7.	Has this student ever been expelled from a previous school?						
	Please explain:						
8.	a.) Has this student ever been suspended from a previous scho	•	,	•) NO		
	b.) Dates and total number of suspensions:						
9.	Reason for making application to Fowlerville Schools?						
10.	How did you hear about Fowlerville Community Schools?						
	Parent/Guardian Signature	Dat	te				

Signature above also grants Fowlerville Schools permission to seek student information/records from prior school district.

FALSE INFORMATION WILL RESULT IN DENIAL OF ENROLLMENT OR ATTENDANCE IN THE FOWLERVILLE COMMUNITY SCHOOL DISTRICT.

Notice of Nondiscrimination

It is the policy of Fowlerville Community Schools that the District will not discriminate in its programs, services, or activities against any person based on race, color, national origin, gender, disability, or age. Inquiries or complaints related to discrimination should be directed to:

The Assistant Superintendent of Schools Fowlerville Community Schools, 7677 W. Sharpe Rd, Suite A

Transportation Request Form 2025-2026 School of Choice

IS BUSING NEEDED?	, AM	, PM	, BOTH .				
If you answered YES to busing needed,	, please continue; if you a	answered NO, you	u've completed this form.				
Student's Name							
School Attending	ool Attending Grade						
Home Address							
Home Phone							
Transportation of School of Choice parent. You may take your student district. If your bus stop is approved	to the nearest qualifyi	ng bus stop app	proved by the Fowlerville school				
Please call the Transportatio	on Office for times	and nearest	bus stop (517) 223-6122.				
The above privileges must not can additional costs to the District. Parents will be given five days' noti	If any of these condi-	itions occur, tra	nsportation may be terminated				
Transportation Request Forms m	ust be submitted ann	ually.					
Parent's Signature			Date				