

**Whiteford Agricultural School District**  
**2024-2025**  
**Out of County Schools of Choice Application (105c)**  
**Grades Transitional Kindergarten - 12**

**Application Window: July 24, 2024 through August 14, 2024**

Student's Name: \_\_\_\_\_ Sex: \_\_\_ F \_\_\_ M Grade in September 2024: \_\_\_\_\_  
Street Address \_\_\_\_\_ Apartment Number: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Father's Full Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Mother's Full Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Guardian's Full Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Student lives with: \_\_\_\_\_ Student's Birth Date: \_\_\_\_\_  
Name of school district attended last year: \_\_\_\_\_ Grade Completed: \_\_\_\_\_  
Principal's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does the student requesting enrollment under 105c have an IEP? \_\_\_ YES \_\_\_ NO

If yes, please explain:

\_\_\_\_\_

Has this student ever been suspended and/or expelled from school? \_\_\_ YES \_\_\_ NO

If yes, please explain:

\_\_\_\_\_

Number of days suspended: \_\_\_\_\_ Dates of Expulsion: \_\_\_\_\_

Do you have a student already attending Whiteford Schools as a School of Choice student?

\_\_\_ YES \_\_\_ NO

If yes, please list the student's names and the building they attend:

\_\_\_\_\_

Do you have other students applying now for School of Choice? \_\_\_ YES \_\_\_ NO

If yes, please list their full names and grades for September 2024:

\_\_\_\_\_

As an enrollee under the Schools of Choice program, 10th - 12th grade students are NOT eligible to participate in competitive athletics for one semester after their date of enrollment. First time 9th grade students establish their eligibility when they enter the 9th grade. This is a Michigan High School Athletic Association regulation.

As an enrollee under the Schools of Choice program, 7th - 12th grade student schedules will be determined by meeting with a counselor and having a schedule developed from the specific courses and number of sections available at the time of registration. Whiteford Schools will be under no obligation to create and/or add additional courses or sections.

**Whiteford Agricultural School District**  
**2024-2025**  
**Out of County Schools of Choice Application (105c)**  
**Grades Transitional Kindergarten - 12**

For an enrollee under the Schools of Choice program, class designation in grades 9-12 will be determined based on the number of credits the student has at the time of enrolling in Whiteford Schools compared with Whiteford School's actual number of credits designated for each grade level. This will determine which grade data is to be applied to your application.

Under the rules and regulations of the Schools of Choice program, in the event that the number of applicants for a given grade level exceeds the number of designated openings, a random draw system will be held to determine which applications for that particular grade level will be accepted.

In the event a sibling of a Schools of Choice enrollee wishes to enroll in Whiteford Schools in a grade in which Whiteford Schools is accepting students, the sibling will have a priority status in the event the number of applications for that particular grade level exceeds the designated openings.

Parents/guardians will be responsible for paying the difference between the per pupil foundation allowances of the resident district and Whiteford Schools. There will be no other enrollment costs associated with attending Whiteford Schools. Schools of Choice students will be expected to pay any or all costs that are paid by resident students of Whiteford Schools for supplies, materials, activity fees, etc.

Schools of Choice students will be expected to follow all rules, regulations and policies of Whiteford Schools with particular attention to the district's Codes of Conduct and Dress Codes. Schools of Choice students will also be expected to follow all statutory requirements pertaining to Schools of Choice and all the rules and regulations of the Michigan Department of Education.

There will not be any transportation provided by Whiteford Schools for Schools of Choice students.

As the parent/guardian of the applicant or as the applicant in the event he/she is 18 years of age, I, the undersigned, hereby understand and agree to abide by the information set forth in this application and agree that any false or incomplete information provided may disqualify my application for a Schools of Choice position in the Whiteford Schools.

By signing this form, we understand that failure to comply with all school rules and regulations may result in discontinued enrollment from the Whiteford School District.

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

\_\_\_\_\_  
Date

How did you hear about the Schools of Choice Program at Whiteford Schools?

\_\_\_\_\_

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

By: \_\_\_\_\_