SCHOOLS OF CHOICE APPLICATION
2026-27 SCHOOL YEAR

TO BE COMPLETED BY PARENT/GUARDIAN

☐ **Newaygo County SOC (NC-SOC)**
Student(s) live within the NCRESA service area

☐ **Section 105c**
Student(s) live in a district adjacent to the NC RESA service area

Today's Date: _____

Student(s) to be released from (Resident School District): _____

Student(s) requesting to attend (Choice or Non-Resident School District): _____

District student(s) are currently residing in: _____

Name of Student	Grade in 26-27	Date of Birth	Currently Receives Special Education Services (Yes or No)	Expelled or Suspended (Yes or No)

Describe any special education services provided: _____

Provide information on any suspensions or expulsions: _____

Parent/Guardian Name: _____

Cell Phone:_____Work Phone:_____

Email Address:_____Home Phone:_____

Address: _____

By signing below, I acknowledge and accept the guidelines of the NC-SOC or 105c program. I understand that any incomplete, inaccurate or false statements may invalidate this application/request.

*Hold Harmless Clause: I agree to hold harmless each Newaygo County public school district, their employees, and their board of education members for any decision in the selection process, potential or actual participation as a NC-SOC 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 when in compliance with State regulations. *Application: I understand that every child must have an approved application before attending a NC-SOC school district. *Re-Application: I understand that once a child is accepted into a NC-SOC non-resident school district, the acceptance is guaranteed through graduation (with provisions); reapplication is not required on an annual basis, however, I must inform the NC-SOC non-resident school district of my child's intent to return. If I do not inform the choice district of my child's intent to return by TBD, I understand I will need to reapply for admittance, which may or may not be granted after the TBD deadline. *Transportation: It is understood that NC-SOC students will not be automatically provided transportation. Some districts may have transportation options available. Contact the Superintendent's office of the NC-SOC non-resident district for details. *Graduation: I agree to abide by the policies and graduation requirements of the NC-SOC non-resident district.

Signature of Parent/Guardian: _____Date:_____

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FINAL DETERMINATION (OFFICE USE ONLY)

Step 1: Complete by Resident School District Due: 2 weeks after request

Student Name(s): _____

_____Approved _____Denied List any students who are being denied:_____

Reason for denial: _____

RESIDENT SUPERINTENDENT'S SIGNATURE:_____ **DATE:**_____

Step 2: Send to Requesting (Choice or Non-Resident) School District

Student Name(s): _____

_____Approved _____Denied List any students who are being denied:_____

Reason for denial: _____

NON-RESIDENT SUPERINTENDENT'S SIGNATURE:_____ **DATE:**_____

PLEASE DISTRIBUTE COPIES TO RESIDENT DISTRICT AND PARENT/GUARDIAN

BIG JACKSON SCHOOL 4020 13 MILE ROAD PARIS, MI 49338 (231) 796-8947	**FREMONT PUBLIC SCHOOLS** 450 E. PINE STREET FREMONT, MI 49412 (231) 924-2350 EMAIL: WINGERSOLL@FREMONT.NET	**GRANT PUBLIC SCHOOLS** 148 S. ELDER AVE. GRANT, MI 49327 (231) 834-5621 EMAIL: RGARROD@GRANTPS.NET
HESPERIA COMMUNITY SCHOOLS 96 S. DIVISION, P.O. BOX 338 HESPERIA, MI 49421 (231) 834-6185 EMAIL: SCHMITZS@HESP.NET	**NEWAYGO PUBLIC SCHOOLS** 360 S. MILL ST., P.O. BOX 820 NEWAYGO, MI 49337 (231) 652-6984 EMAIL: LGRACIK@NEWAYGO.NET	**WHITE CLOUD PUBLIC SCHOOLS** 555 E. WILCOX, P.O. BOX 1000 WHITE CLOUD, MI 49349 (231) 689-6820 EMAIL: FOSTERT@WHITECLOUD.NET

NOTE: A district found to be in non-compliance with the regulations established under Section 105c of the State School Aid Act is subject to forfeiture of 5% of the district's entire state school aid for the year in question.