

Please note: There will be a second Schools of Choice window that will open at the end of 1st semester / 1st trimester.

Choice

~ Unlimited Schools of Choice Districts ~

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| Participating Districts <ul style="list-style-type: none"> Alma Public Schools Ashley Community Schools Breckenridge Community Schools Fulton Schools Ithaca Public Schools St. Louis Public Schools | Early Application Deadline - August 6, 2021 Notification of acceptance will be mailed on August 13, 2021 for applications received at GI-RESD by 4:00 p.m. on August 6, 2021. Final Application Deadline – August 27, 2021 Notification of acceptance will be mailed on August 27, 2021 for applications received at GI-RESD by 4:00 p.m. on August 27, 2021. (Applications will not be accepted after 4:00 p.m. on August 27, 2021). |
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| 1 Choice District and Building | District First Choice |
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| 2 Student Information | Student Name | Date of Birth | Grade Entering This Fall | |
| | Street Address | City | State | Zip |
| | Resident District | District Currently Attending | Building Currently Attending | |
| | Has the student been expelled/suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for what reason: | | | |

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| 3 Parent Information | Parent(s)/Guardian(s) | Email Address | | |
| | Home Phone | Cell Phone | Work Phone | |
| | Street Address | City | State | Zip |

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| 4 Signature Parent(s)/Guardian(s) | By signing below, I acknowledge and accept the following: <ul style="list-style-type: none"> I understand the rules. I agree to abide by the Choice School district's requirements. I agree to attend the Choice School for one full school year. |
| | X Parent(s)/Guardian(s) signature _____ X Date _____ Student (if over 16) signature _____ X Date _____ Comments are optional: Please use reverse side to explain reason(s) for requesting participation in Schools of Choice. |

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| 5 Superintendent Signatures | Parent(s)/Guardian(s) need to obtain the signature of Superintendent/Representative from the Home School and Choice School. Their signatures indicate receipt of application, but not approval. | |
| | Choice School X _____ Superintendent/Representative Signature X Date _____ | Home School (signature optional) X _____ Superintendent/Representative Signature X Date _____ |

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| 6 Questions and Return Information | Questions / Mail or Return to: Gratiot-Isabella RESD Attn: Joyce Stevenson, Schools of Choice Program 1131 East Center Street • P.O. Box 310 • Ithaca, MI 48847-0310 (989) 875-5101, ext. 2337 | Return by: August 6, 2021 by 4:00 p.m. for early application deadline August 27, 2021 by 4:00 p.m. for final application deadline |
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The Board of Education of Gratiot-Isabella Regional Education Service District complies with all federal and state laws and regulations prohibiting discrimination and with all requirements and regulations of the United States Department of Education and the Michigan State Department of Education.

It is also the policy of Gratiot-Isabella Regional Education Service District Board of Education that no person on the basis of sex, race, color, religion, national origin or ancestry, age, marital status, limited English, or handicap shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination in any program, employment practice, or activity for which it is responsible or for which it receives financial assistance from the United States Department of Education or the Michigan State Department of Education.

