

## SCHOOLS OF CHOICE 2025/26

The Public Schools of Petoskey is accepting applications for non resident students pursuant to Section 105 of the State Aid Act, subject to availability.

Parents/Guardians may identify building preferences however, assignments will be based on class sizes.

There is no tuition charge for students accepted under the schools of choice program.

Transportation of students accepted under schools of choice will be the responsibility of the parent/guardian.

If more students apply than there are available seats, preference will first be given to siblings of students currently enrolled and then other applicants randomly selected.

Once a student is accepted, they may continue for the balance of their K-12 education if there is no break in enrollment including expulsion. If a student leaves and wishes to return, they will have to reapply.

- 1. Parent/Guardian needs to complete the attached application and sign on the line. *One application per child please.*
- 2. The completed application (signed by your resident school district designee) must be received by June 13th, 2025.
- 3. You will be notified of acceptance the last week of June.
- 4. Questions regarding the schools of choice program should be directed to 231-348-2354.



Date received:	
Approved: YES (	) NO()
Initials:	Date:
To be completed by rece	iving school administrator.

## Non Resident Schools of Choice Application 2025/26 School Year

APPLICANT INFORMATION (one app	lication form per stu	dent to be completed by	y parent/guardian)
Student's Name:		_ Grade (ente	ering):
Student's Birthdate:		Male ( )	Female ()
District of Residence:		Current school:	
Physical Address:			
Mailing Address:			
Parent/Guardian Name:			
Parent/Guardian Phone:			
Sibling #1: Name:	Grade:	School:	
Sibling #2: Name:	Grade:	School:	
Sibling #3: Name:	Grade:	School:	
Are any siblings currently enrolled/attend	ding the Public Sch	nools of Petoskey?	YES() NO()
Has your child ever been suspended or YES ( ) NO ( ) If yes, please provide an explanation:			
Has your child ever been tested for spec Does your child receive specialized serv If yes, please explain:	ices in school?	YES () NO (	
Parent/Guardian Signature:		Dat	e:

**RESIDENT SCHOOL DISTRICT INFORMATION** (to be completed by resident school administrator)

This application must be delivered to the resident school district superintendent/designee to be completed and will be returned to the enrolling district PSP.

Is this student enrolled in your school district?	YES()	NO()
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Has the student ever been suspended, expelled, or otherwise excluded for disciplinary reasons? YES() NO() If yes, please provide an explanation:

Has the student ever been tested for specialized services? Or do they receive specialized assistance in school? YES () NO () If yes, please provide an explanation:

Completed by:	Date:
• •	

Resident School Administrator for: \_\_\_\_\_

Applications can be returned to:

morrow.nm.y@northmen.org