



**Guidelines for External  
Schools of Choice 105(c)  
2024-2025  
Application Window**

<b>Unlimited Seats</b>	
<b>Grades DK- 12</b>	<b>April 1, 2024 – September 6, 2024</b>

1. Must be a resident of **Contiguous County surrounding Macomb County**.
2. Applications for Grades DK through Grade 12 are being accepted starting April 1, 2024, and will continue through 12:00 p.m., September 6, 2024.
3. Mt. Clemens Community Schools is opening unlimited seats for grades DK - 12<sup>th</sup> for the 2024-2025 School Year.
4. Once accepted, students can remain in our district until they graduate or withdraw from enrollment.
5. Approved students must be enrolled by **Friday, September 6, 2024**



## EXTERNAL SCHOOLS OF CHOICE 105(c)

### APPLICATION INSTRUCTIONS

2024-2025 School Year

### ITEMS TO BE SUBMITTED

All Items That Apply Must Be Submitted With the Application

- Completed External School of Choice Application. Incomplete applications will not be considered.
  - (2) pieces of proof of residency (**must live in contiguous county surrounding Macomb County Section 105(c)**).
- Must Be:**
- Current utility bill – **No Shut Off Notices**
  - Current tax bill
  - Purchase agreement
  - Lease agreement
- Child's most current report card. **High school students must include their current transcript.**
  - Affirmation of prior discipline letter signed by parent/guardian. (**We** will send it to your current school for a signature).
  - Child's most **current IEP** if special needs / accommodations are required. (a cooperative agreement with the home district is required prior to acceptance)

Please submit **all** of the above items. After receiving all the items with the completed application, you will **be notified by mail of your acceptance and may proceed with the Enrollment process.**



## 2024-2025 External Schools of Choice Application (Section 105(c) Contiguous County)

Unlimited DK - 12<sup>th</sup> April 1, 2024 – September 6, 2024

<b>S T U D E N T</b>	Grade Student Entering in 2024-2025: _____ :		
	Last Name: _____		First Name: _____
	Birth Date (mm/dd/yy): _____	Age: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
	<i>Has student ever been suspended?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Has student ever been expelled?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Note: Applicant students suspended within the last 2 years, or ever expelled or convicted of a felony will be excluded.</b>		
	Is your child presently receiving any special services (i.e., special education, speech, etc.)? <b>If yes, we need a copy of current IEP.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Services:</b> _____		
	In Which School District Do You Reside? _____	Name of School You Would Be Attending in Home District? _____	
	School District Student Attended In 2024-2025: _____		
<b>P A R E N T</b>	Last Name: _____		First Name: _____
	Address: _____		City: _____ Zip: _____
	Home Phone: _____	Cell Phone: _____	Work Phone: _____
	How did you hear about us? <input type="checkbox"/> TV <input type="checkbox"/> Newspaper <input type="checkbox"/> Website <input type="checkbox"/> Friend <input type="checkbox"/> Other		
If any <u>other children residing</u> in your household are also applying, please list below and remember to fill out a <b><u>separate application for each.</u></b>			
		<b>Grade for 2024-2025</b>	<b>Already Attending MCCA?</b>
Last Name: _____	First Name: _____	:	<input type="checkbox"/>
Last Name: _____	First Name: _____	:	<input type="checkbox"/>
Last Name: _____	First Name: _____	:	<input type="checkbox"/>

### **PARENT/GUARDIAN IS RESPONSIBLE FOR TRANSPORTATION**

I understand that I will be responsible for transporting my child to and from school. All students will need transportation **no later than 15 minutes beyond the end of the school day.**



Please Initial

I certify that the above information is accurate and complete to the best of my knowledge. Further, I understand that if any of the information is found to be incomplete or inaccurate, it could result in the loss of my child's eligibility for acceptance and removal from the Mt. Clemens Community School district.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### **Return completed paperwork to:**

Mt. Clemens Community Schools  
155 Cass Ave. Mt. Clemens, MI 48043  
Fax: 586-469-7065

Signature of Superintendent Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Approved Students Must Be Enrolled by September 6, 2024**

**NOTICE OF NONDISCRIMINATION.** It is the policy of Mt. Clemens Community Schools not to discriminate on the basis of race, color, religion, national origin or ancestry, gender, age, disability, height, weight or marital status in its programs, services, activities, or employment. Inquiries related to nondiscrimination policies should be directed to: Civil Rights Coordinator, Superintendent of Schools, Administration, 155 Cass Ave. Mt. Clemens, MI 48043, 586-469-6100. / Nondiscrimination inquiries related to disability should be directed to: Section 504 Coordinator, (same address and phone)



Email/Fax this form with **complete** discipline logs/transcript/report card directly to: wallsm@mtcps.org (Fax)586-469-7065

**Affirmation of Prior Discipline Record**

**\_\_\_\_\_** By initialing here, I authorize the school(s) listed below to release discipline records

Parent/Guardian – Please fill and sign the top portion of this form. Mt. Clemens will send it to their current school for verification.

*A willful false statement on this affirmation will result in a possible removal from Mt. Clemens Schools.*

**PREVIOUS SCHOOL DISTRICT:** \_\_\_\_\_

**BUILDING:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

The undersigned affirms that \_\_\_\_\_  
(print student's name)

\_\_\_\_\_ **Has** \_\_\_\_\_ **Has Not** (please check one) been **suspended** from any public or private school in Michigan or any other state.

\_\_\_\_\_ **Has** \_\_\_\_\_ **Has Not** (please check one) been **expelled** from any public or private school in Michigan or any other state.

**Signature of parent/guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Previous School District:** \_\_\_\_\_

**Please check one of the statements below:**

- According to our records, we can verify that the information provided above by the parent is correct.
- According to our records, the information provided above, by the parent is not correct. Please explain.
- A copy of the Student's complete discipline logs is attached.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **Date** \_\_\_\_\_ **Signature of Sending School District Administrator/Title**

\_\_\_\_\_ **Name of School** \_\_\_\_\_ **Telephone**

**Please fax or e-mail completed form to the information listed in the above box.**