



Guidelines for External
Schools of Choice 105(c)
2023-2024

Extended Application Window

| | |
|------------------------|--|
| Unlimited Seats | |
| Grades DK- 12 | September 8, 2023 – October 2, 2023 |

1. Must be a resident of **Contiguous County surrounding Macomb County**.
2. Applications for DK through Grade 12 are being accepted starting September 8, 2023, and will continue through 12:00 p.m., October 2, 2023.
3. Mt. Clemens Community Schools is opening unlimited seats DK - 12th grade for the 2023-2024 school year.
4. Siblings of students who are enrolled to attend Mt. Clemens Community Schools through school of choice will be given priority to attend.
5. Once students are accepted, they can remain in our district until they graduate.



EXTERNAL SCHOOLS OF CHOICE 105(c)

APPLICATION INSTRUCTIONS

2023-2024 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.
- Copy of two pieces of proof of residency (**must live in contiguous county surrounding Macomb County Section 105(c)**). We will accept a **current** utility bill, tax, purchase, or 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.

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2023-2024 External Schools of Choice Application (Section 105(c) Contiguous County)

☐ Unlimited DK - 12th **Extended Window** September 8, 2023 – October 2, 2023

| | | | |
|---|---|-----------------------------------|--|
| S T U D E N T | Grade Student Entering in 2023-2024: _____ : | | |
| | Last Name: _____ | | First Name: _____ |
| | Birth Date (mm/dd/yy): _____ | | Age: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | Has student ever been suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No Has student ever been expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No Note: Applicant students suspended within the last 2 years, or ever expelled or convicted of a felony will be excluded. | | |
| | Is your child presently receiving any special services (i.e., special education, speech, etc.)? If yes, we need a copy of current IEP. <input type="checkbox"/> Yes <input type="checkbox"/> No Services: _____ | | |
| | In Which School District Do You Reside? _____ | | Name of School You Would Be Attending in Home District? _____ |
| | School District Student Attended In 2022-2023: _____ | | |
| P A R E N T | 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 <u>separate application for each.</u> | | | |
| | | <u>Grade for 2023-2024</u> | <u>Already Attending MCCS?</u> |
| 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: 586-469-5569

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)



Fax: 586-469-5569
Email: wallsm@mtcps.org

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 or 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.

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.