

# 2024- 2025 Non-Resident Enrollment Application (May 1 – May 30)

## Section 105C (Kent, Newaygo, Oceana, Ottawa County)

RAVENNA PUBLIC SCHOOLS 12322 STAFFORD STREET RAVENNA MI 49451; PHONE 231-853-2231 FAX 231-853-2193

### COMPLETE AN APPLICATION FOR EACH CHILD REQUESTING ENROLLMENT

Student's Name _____	Date of Birth: _____
Street Address: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
City: _____ Zip: _____ County: _____	Phone: _____
Parent/Guardian Names: _____	Email: _____
Street Address: _____	City: _____ Zip: _____
Resident District: _____	School Currently Attending: _____ Current Grade: _____
Choice District: _____	Grade Requesting Enrollment In: _____ Building: _____

To ensure continuity of service, please indicate what services are currently provided for your child:

Special Education  IEP  English as Second Language  Other: \_\_\_\_\_

Has this student ever been suspended?  No  Yes Date: \_\_\_\_\_ District: \_\_\_\_\_

Reason for Suspension: \_\_\_\_\_

Has this student ever been expelled?  No  Yes Date: \_\_\_\_\_ District: \_\_\_\_\_

Reason for Suspension: \_\_\_\_\_

Has this student ever been truant?  No  Yes Has attendance improved?  No  Yes

Has this student ever been asked to leave a nonpublic school?  No  Yes; Date: \_\_\_\_\_ District: \_\_\_\_\_

Full Names of Other Child(ren) Who Will Also Apply: (1) \_\_\_\_\_ (Grade) \_\_\_\_\_

(2) \_\_\_\_\_ (Grade) \_\_\_\_\_ (3) \_\_\_\_\_ (Grade) \_\_\_\_\_

Full Names of Other Child(ren) Attending This District: (1) \_\_\_\_\_ (Grade) \_\_\_\_\_

(2) \_\_\_\_\_ (Grade) \_\_\_\_\_ (3) \_\_\_\_\_ (Grade) \_\_\_\_\_

#### Please review this information and sign below:

This district does not discriminate on the basis of race, color, disability, religion, gender or national origin. The district reserves the right to limit enrollment based on capacity of buildings or programs as well as failure of applicant to meet any special requirements for entry into its buildings or programs. Enrollment may also be denied to a student who has been suspended or expelled from a previous district or to a Special Education student wishing to enroll under Section 105c Schools of Choice for whom a written cooperative agreement regarding costs cannot be obtained with their district of residence. Michigan High School Athletic Association (MHSAA) rules and regulations apply to all students participating in interscholastic athletics. Under the MHSAA transfer policy, high school students (grades 10-12) who transfer by choice from one school to another will not be eligible to participate in interscholastic athletics for one full semester.

Parent/Guardian Signature (or student if 18 years old) \_\_\_\_\_ Date \_\_\_\_\_

#### District Use Only

<b>Non Resident Category (MSDS Code)</b>  ____ Section 105c SOC (03) <i>Due May 30, 2024</i>  ____ Resident District Release * (06) <i>After May 30, 2024</i>  ____ Child of District Employee (06)	<b>*Resident District Release</b> This student is released for enrollment into Choice school district.  _____ Releasing School District  _____ Authorized Signature  **Receiving district indicates acceptance of released student by signing the Student Enrollment Status.  Date _____	<b>**Student Enrollment Status</b>  ____ Student Accepted into Choice District Building _____ Grade _____ Notified _____  Superintendent: _____ (If Sec 105c Sp Ed Student, an agreement has been executed with the resident district.)  ____ Enrollment Denied Reason _____
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