

**BYRON AREA SCHOOLS  
APPLICATION FOR ENROLLMENT AS NONRESIDENT  
SCHOOLS OF CHOICE (105 & 105C) STUDENT**

1st Sem. _____
2nd Sem. _____
Moved Out of District _____

**INFORMATION:** *The Application Window is Monday, two weeks before the start of school or of the new semester, through Friday of the first week of school or of the new semester. Although parents may apply at any time, by law, the district may only officially accept new students during the Schools of Choice Application Window.*

**DIRECTIONS:** Please complete information requested below and submit application to the Building Principal of the building where you desire to have your child attend. The Principal will check with your child's previous school, recommend for acceptance or non-acceptance and forward the form to Superintendent Office of Byron Area Schools. Superintendent's Office will send a copy of acceptance or denial to the parents/guardian.

STUDENT NAME: \_\_\_\_\_ GRADE LEVEL REQUESTED \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

**School District Where Student Currently Resides:**

\_\_\_\_\_ Corunna                      \_\_\_\_\_ Morrice                      \_\_\_\_\_ Howell  
 \_\_\_\_\_ Durand                    \_\_\_\_\_ New Lothrop                \_\_\_\_\_ Linden  
 \_\_\_\_\_ Laingsburg                \_\_\_\_\_ Owosso                      \_\_\_\_\_ Swartz Creek  
 \_\_\_\_\_ Perry                      Other: \_\_\_\_\_

**School District Currently Attending:**

Name: \_\_\_\_\_

Reason(s) why parent(s) or guardian(s) desires child/student to attend non-resident school district:

Were you referred to Byron Area Schools by someone, and if so by whom? Name: \_\_\_\_\_

Within the last 2 years, has your son/daughter received a school suspension? Yes \_\_\_ No \_\_\_

Has your son/daughter ever been expelled from a school? Yes \_\_\_ No \_\_\_

Does your son/daughter currently receive Special Education services? Yes \_\_\_ No \_\_\_

**CONDITIONS OF APPLICATION FOR ADMISSION TO THE BYRON AREA SCHOOLS**

I, the undersigned parent or guardian, do hereby request that my child be considered for admission to the Byron Area Schools, Byron, MI.:

- I agree to the Byron Area Schools checking with my child's previous school or schools to determine academic and social qualifications and performance prior to admission.
- I understand that, by the parent signature below, I affirm the fact that my child has never been suspended or expelled from school for any violent or illegal activity, harassment or possession of illegal firearms or weapons.
- I understand that admission to nonresident students is limited to a certain number of vacancies.
- I understand that transportation for the student(s) is the responsibility of the parent/guardian. (Students may be picked up at the nearest Byron Area Schools pick up point. Buses will not cross over district lines to pick up Schools of Choice students.)

\_\_\_\_\_  
Building Principal's Signature                      Date

\_\_\_\_\_  
Signature of parent or guardian                      Date

\_\_\_\_\_  
Printed Name of parent or guardian

**ACTION TAKEN:**

Application:                      Accepted \_\_\_\_\_                      Denied \_\_\_\_\_

\_\_\_\_\_  
Street address of parent or guardian

\_\_\_\_\_  
City, State and Zip Code of parent or guardian

\_\_\_\_\_  
Superintendent of Schools – Byron Area Schools

\_\_\_\_\_  
Telephone number of parent or guardian

NOTE: NO MORE THAN ONE APPLICATION PER SCHOOL YEAR, PER CHILD, WILL BE CONSIDERED.