2026-2027

Kaleva Norman Dickson Schools "Small school, big family"

Schools of Choice Application

Date of Application: _____

Student Name: _____

Grade Entering in the current school year: _____ Date of Birth: _____

School Attended in previous school year_____

The school district in which you reside: _____

Parent/Guardian Name(s): _____

Street Address: _____

Phone (home): _____Alternate phone number(s): _____

Email address: _____

Is a sibling currently attending Kaleva Norman Dickson Schools as a Schools of Choice Student? ☐Yes ☐No

Name(s) and grades of siblings: _____

Has your child ever been expelled from any school district? ☐Yes ☐No

If yes, state the school, date, and reason: _____

Has your child ever been suspended from **any** school within the last two (2) years? ☐Yes ☐No

If yes, state the school, date, and reason: _____

Has your child ever been convicted of a felony? ☐Yes ☐No

If yes, explain and when: _____

Has your child ever been tested for specialized services? ☐Yes ☐No

Does your child receive specialized assistance in school? ☐Yes ☐No

I give my permission for the release of information to Kaleva Norman Dickson Schools regarding **all** suspensions within the past two (2) years as well as any expulsions involving my child. ☐Yes ☐No

I understand transportation will be the responsibility of the parent/guardian. ☐Yes ☐No

I understand that misrepresenting or withholding information on the application may cause the application to be withdrawn or rejected. ☐Yes ☐No

Office use only:
Date application received: _____

I understand that Michigan High School Athletic Association (MHSAA) regulations apply to all high school-age transfers.
☐Yes ☐No

Student's Name: _____

Reason for Parent(s)/Guardian(s) student to request a transfer to a School of Choice:

_____

_____

*****Please note that the following applies to Schools of Choice applications for students who reside in an intermediate school district other than the Manistee Intermediate School District: If your application for schools of choice enrollment is accepted and if your child is eligible for special education programs and services according to statute or rule, or is a child with disabilities, as defined under the individuals with disabilities education act, Title VI of Public Law 91-230, actual enrollment **cannot** occur until Kaleva Norman Dickson Schoolsreaches a written agreement with the district in which you reside. This agreement will address providing your child with a free appropriate public education and must also include, but is not limited to, an agreement on the responsibility for the payment of the added costs of special education programs and services for the pupil. **If such agreement is not reached, your application will not be accepted.**

By my signature below, I give my permission for the release of discipline information for

_____ (Student's name), to Kaleva Norman Dickson Schools, and I certify that all of the information contained in this application form is complete and correct. I understand that any incorrect or inaccurate statement, including but not limited to the statement on suspensions and expulsions, will result in either non-admission or no further consideration of this application or if already admitted, immediate suspension and dismissal as a student.

_____ _____

Parent's/Guardian's Signature (required) **Date (required)**

******OFFICIAL OFFICE USE ONLY******

The student has been ☐ **Accepted** ☐ **Rejected** to participate in the requested Schools of Choice program in the Kaleva Norman Dickson Schools.

Reason for rejection: ☐Suspended within last two years ☐Expelled ☐ Convicted of a felony
☐ 105c Special Education Cooperative Agreement not reached

_____ _____

Superintendent of Schools Signature (required) **Date (required)**