



**Clio Area Schools
Schools of Choice
Nonresident Application 2023-2024
Section 105 and 105c**

Second Semester

Limited: 2nd, 3rd, 5th grades

Unlimited: KD, 1st, 6th, 7th, 8th, 9th, 10th, 11th, 12th grades
4th grade closed

STUDENT'S NAME: _____
Last First Middle

STUDENT'S HOME ADDRESS: _____ PO BOX: _____

CITY: _____ STATE & ZIP: _____ BIRTHDATE: _____

PHONE: _____ EMAIL: _____

Gender: ☐ Male ☐ Female

SCHOOL DISTRICT OF RESIDENCE: _____

SCHOOL CURRENTLY ATTENDING: _____

GRADE LEVEL 2023-2024: _____

SPECIAL EDUCATION STUDENT: ☐ Yes ☐ No 504 PLAN STUDENT: ☐ Yes ☐ No
(Please attach current copy of IEP or 504 Plan)

SUSPENSION, EXPULSION, OR CONVICTED OF A FELONY IN THE PAST TWO YEARS:

☐ No ☐ Yes

IF YES, WHEN: _____ HOW LONG: _____

REASON: _____

ATTENDANCE INFORMATION: # OF ABSENCES 2022-2023 _____ 2023-2024 _____

DO YOU HAVE A CHILD CURRENTLY ATTENDING CLIO SCHOOLS UNDER SCHOOLS OF CHOICE?

☐ Yes ☐ No

IF YES:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

SIBLING(S) INFORMATION:

List the full name(s) of sibling(s) currently enrolling in Clio Area Schools:

Name: _____ Name: _____

Name: _____ Name: _____

SCHOOL DISTRICT OF RESIDENCE: _____



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PARENT/GUARDIAN INFORMATION

MOTHER: _____ WORK/CELL PHONE: _____
FATHER: _____ WORK/CELL PHONE: _____
STUDENT RESIDING WITH: ☐ MOTHER ☐ FATHER ☐ BOTH

- I UNDERSTAND THAT CLIO AREA SCHOOL DISTRICT **WILL NOT PROVIDE** TRANSPORTATION EXCEPT AS MAY BE REQUIRED BY AN IEP FOR A SPECIAL EDUCATION STUDENT.
- MY SIGNATURE AUTHORIZES THE HOME SCHOOL TO RELEASE INFORMATION REGARDING THE STUDENT'S DISCIPLINE AND ATTENDANCE RECORDS.
- ANY MISREPRESENTATIONS OR FALSE STATEMENTS MADE ON THIS APPLICATION CAN SUBJECT THE STUDENT TO IMMEDIATE REMOVAL FROM CLIO AREA SCHOOLS.
- I HAVE READ AND UNDERSTAND THE REQUIREMENTS AND APPLICATION FORM FOR SCHOOL OF CHOICE IN CLIO AREA SCHOOLS.
- ACCEPTANCE INTO THE DISTRICT IS CONDITIONED UPON RECEIPT OF YOUR STUDENT'S CA-60 FILE FROM HIS OR HER PREVIOUS SCHOOL. IN THE EVENT THE INFORMATION ON THIS FORM IS NOT CONSISTENT WITH THE INFORMATION IN THE CA-60, THE DISTRICT RESERVES THE RIGHT TO REVOKE YOUR STUDENT'S CONDITIONAL ACCEPTANCE INTO THE DISTRICT.

Parent's/Guardian's signature(s) _____ Date: _____
Student (if 18 or older) signature _____ Date: _____

**Please return completed application,
No later than: 1/10/2024 @ 3:00 P.M.**

Dates:
12/4/2023 – 1/10/2024

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Unlimited:
KD, 1st, 6th, 7th, 8th, 9th, 10th, 11th, 12th grades

Attention: Crystal Smith
Administrative Assistant, Pupil Accounting
Clio Area Schools
1 Mustang Drive
Clio, MI 48420
or email:
csmith@clioschools.org

FOR BUILDING USE ONLY:

APPROVED: _____ Date: _____

DENIED: _____ Date: _____

Reason _____

Letter sent home: Yes ☐ No ☐