

**Student Information:** 

## INTERNATIONAL ACADEMY WEST NONRESIDENT SCHOOLS OF CHOICE GUIDELINES 2024-25 SCHOOL YEAR

Unlimited 105 (Oakland County student) and 105c (resides outside Oakland County) applications are being accepted in grades 9th - 12th for the International Academy West only.

|   |  |  | Birthdate:Phone Number:     |  |
|---|--|--|-----------------------------|--|
|   |  |  |                             |  |
| Previous  | s School Attend  | ed:  |                             | Grad Yr:   |
| Resident District (i.e. Holly, Walled Lake, etc): |  |  |                             | County:  |
| Internati   | •  | •  |                             | se indicate their grade level below:  Grade:                                       |
| Question  |  |  |                             | Grade.   |
| 1) ]  | Has the student  | been suspended or expelled from of Prior Discipline Record (page   |                             | - · · •  |
|   |  | d receive Special Education Serves and reside outside of Oakland   |                             | the 'Out of County' guidelines (page 2).   |
| 3) l  | Does the student have a parent who resides in Huron Valley School District? Yes \ No |  |                             |  |
|   |  | nt currently have a sibling(s) attended to the currently have a sibling (s) attended to the currently have a sibling ( | ending HVS or IA West?      | Yes No   |
| Name: _   |  |  | Grade:                      | School:  |
| Name: _   |  |  | Grade:                      | School:  |
| stipulatio  | ons of Internatio  |  | oice program. I understar   | I acknowledge and accept the policies and nd untrue or incomplete information will |
| Parent/Guardian Signature:                        |  |  |                             | Date:  |
| <mark>Pupil Se</mark> r                           | rvices Office Us   | e Only:  |                             |  |
| $\square$ soc                                     | Section 105 (St  | ate Aid Code 02) or SOC section  | on 105c (State Aid Code 03) | Resident District Code:  |

International Academy West – 1630 Bogie Lake Rd, White Lake, MI 48383 Questions? Call 248-676-2735 Please remit all pages via fax to: 248-684-8124



### INTERNATIONAL ACADEMY WEST NONRESIDENT SCHOOLS OF CHOICE GUIDELINES 2024-25 SCHOOL YEAR

#### **Application Procedure:**

- 1) Unlimited 105 (Oakland County students and 105c (resides outside Oakland County) applications are being accepted in grades 9th 12th for the International Academy West only.
- All applications will be screened for accurate information. This may involve contacting the former school district.
- You will be notified of the status of your request by August 16, 2024.
- Your acceptance is conditional until the International Academy receives and reviews all school reports.
- Once accepted, students may remain in the International Academy West until graduation if the student complies with all guidelines

| for schools of choice.   |
|--|
| Athletics: High school students granted a Schools of Choice optional transfer who do not qualify under one of the 15 MHSAA Transfer Exceptions (Section 9) would be ineligible for interscholastic athletic competition for one full season in any sport previously participated in a the previous school in the previous year under Section 9 of the MHSAA Handbook.  Yes  No My child is interest in participating in high school athletics.   |
| Attendance: Students are expected to arrive and depart from school on time. It is expected that parents will pick up students on time when they are attending an after school or evening event.  |
| <u>Code of Conduct:</u> All Huron Valley Schools' Student Code of Conduct rules, procedures and policies will apply to all students who enter International Academy West under the schools of choice guidelines and procedures.  |
| Out of County: Pursuant to state law, in order to enroll and to continue to educate a 105c schools of choice student who is eligible for special education programs and services, the 105c schools of choice district must have a written agreement with the resident district on the responsibility for the payment of the added costs of special education. Without such an agreement, the 105c district cannot enroll a 105c student who is eligible for special education programs and services. MCL 388.1705c (19).   |
| <b><u>Redistricting:</u></b> If the need arises to change the boundaries of any school for the purpose of redistricting students, those students who registered as schools of choice students could be the first students asked to transfer to another school in Huron Valley Schools.   |
| <u>Transportation:</u> Parents are responsible for the transportation of School of Choice students to AND from school. The Transportation Department <u>may</u> consider providing transportation services for Schools of Choice students, assigning them to the nearest bus stop on existing bus routes, if space is available. Applications for transportation services will be taken by the Transportation Department and will be reviewed on a first come first serve basis. However; requests will not be processed or approved until a minimum of three weeks after the start of the school year. If you are requesting transportation services, please email the Transportation Department at <u>ParentLink@hvs.org</u> with your student information and a request for Schools of Choice transportation. Parents need to have other transportation arrangements in place for three weeks of the school year and possibly all year as there is no guarantee that the Transportation Department will be able to provide service. |
| <u>Timelines:</u> Application Deadline is 8/23/24. The first day of school is Wednesday, August 21, 2024. The student must be enrolled and attending by August 23, 2024 or their space will be forfeited.  |
| I have read the above guidelines and understand the process:   |
| Parent/Guardian Signature: Date:   |
| The following section must be completed by Pupil Services:   |
| Pupil Services Review The Schools of Choice request <u>is approved.</u> The Schools of Choice request <u>is denied</u> due to previous discipline history.   |
| Supervisor of Pupil Services Signature: Date:  |
| Comment:   |

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**Parent/Guardian Directions:** 

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#### AFFIRMATION OF PRIOR DISCIPLINE

# Parent/Guardian must complete the information below. Please check paragraph 1 OR 2 and provide all appropriate information then sign. A willful false statement on this affirmation of prior discipline page will result in a report to the appropriate authorities and possible removal from the International Academy West. Birthdate: Student Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_ Previous School Attended: Grad Yr: Paragraph 1: The undersigned affirms that the student listed above has not been suspended or expelled from any public or private school in Michigan or any other state for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity. Paragraph 2: The undersigned affirms that the student listed above has been suspended or expelled from any public or private school in Michigan or any other state for an offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school sponsored activity, or on a public or private conveyance providing transportation to and from a school or school sponsored activity. If you checked the paragraph 2 section above, explain the circumstances in detail. Include the school name, dates of suspension or expulsion, and a description of the incident giving rise to the suspension or expulsion. School Name: \_\_\_\_\_\_ Date(s) of Suspension or Expulsion: \_\_\_\_\_ Description: Parent/Guardian Signature: I give permission to International Academy West to contact my student's previous school regarding their disciplinary record.

According to our records, we can verify the information provided above by the parent/guardian is not correct. If the student has been involved in offenses involving weapons, alcohol, or drugs, or willful infliction of injury to persons or an act of violence against persons and/or property committed on school premises, at a school-sponsored activity, or on a public or private conveyance providing transportation to or from school or a school-sponsored activity, please fax appropriate disciplinary documentation to International Academy West at 248-676-2734.

Parent/Guardian Signature: Date:

According to our records, we can verify the information provided above by the parent/guardian is correct.

The following section must be completed by the "Sending School District":

Signature of Sending School District Personnel & Title: \_\_\_\_\_ \_\_\_\_School: \_\_\_ Date: \_\_\_\_

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