

**Dowagiac Union Schools**  
206 Main Street  
Dowagiac, MI 49047  
269.782.4400 Phone  
269.782.3152 Fax

Date Application Released: \_\_\_\_\_

Released By: \_\_\_\_\_

Date Received by Supt. Office: \_\_\_\_\_

***CHECK ONE (1) OF THE FOLLOWING BEFORE COMPLETING THIS APPLICATION:***

1.        Application submitted during Open Enrollment prior to new school year or 2<sup>nd</sup> semester. Student qualifies for Section PA 105 & PA 105c Schools of Choice.  
Date Open Enrollment expires: \_\_\_\_\_
  
2.        Application submitted after Open Enrollment deadline expired. Applicant does not qualify for Section PA 105 or PA 105c. Release of Foundation funding from non-resident school district superintendent is required, and non-resident tuition may be applicable. The application will be considered at the next open enrollment period.
  
3.        Application submitted after Open Enrollment deadline expired. Student plans to continue education in resident school district, however, requests that application be kept current until the School of Choice Open Enrollment period begins prior to new school year or to 2<sup>nd</sup> semester. At that time application will be considered for approval.

**SCHOOLS OF CHOICE APPLICATION**  
**SECTION PA 105 & PA 105(c)**  
***Non-Resident Students Requesting Enrollment***  
***Into Dowagiac Union School District***

To enable a non-resident state aid release tuition student to enter/continue at **Dowagiac Union Schools**, advanced approval of the following persons must be obtained:

1.    Superintendent of receiving school district
2.    Building administrator
3.    Parent or guardian of student (student of legal age (18) may sign for him/herself in lieu of parent or guardian)

**(Please fill in form completely and print clearly)**

Student's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Home phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work phone: \_\_\_\_\_

School district of residence: \_\_\_\_\_ Phone: \_\_\_\_\_

School currently attending: \_\_\_\_\_

Reason for request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

School desired in Dowagiac School District: \_\_\_\_\_

School year: \_\_\_\_\_ Grade: \_\_\_\_\_

**SPECIAL EDUCATION\*\***

1) IS THE STUDENT IN SPECIAL ED?  YES  NO

2) DOES THE STUDENT HAVE A CURRENT IEP?  YES  NO

3) IF YES, PLEASE CHECK THE SERVICES THIS STUDENT RECEIVES AT HIS/HER RESIDENT SCHOOL DISTRICT.

- Learning Disabled (LD)  Physically or Otherwise Health Impaired (POHI)
- Emotionally Impaired (EI)  Visually Impaired (VI)
- Educationally Mentally Impaired (EMI)  Hearing Impaired (HI)
- Speech/Language Impaired  Other: \_\_\_\_\_

**\*\*Note: If the student currently receives Special Education services and you are a resident in any school district other than Cassopolis, Edwardsburg or Marcellus, the superintendent of the resident district must sign the Special Education Addendum “Agreement to Provide Special Education Programs and Services” in order for the child to enroll as a 105(c) student, Section 18, Law 91-230.**

**ACADEMIC RECORD** (For applicants in grades 7-12 only)

Classes enrolled in and grades received:

Semester 1

Semester 2

Class: \_\_\_\_\_ Grade: \_\_\_\_\_

Class: \_\_\_\_\_ Grade: \_\_\_\_\_

Class: \_\_\_\_\_ Grade: \_\_\_\_\_

Class: \_\_\_\_\_ Grade: \_\_\_\_\_

Class: \_\_\_\_\_ Grade: \_\_\_\_\_

Class: \_\_\_\_\_ Grade: \_\_\_\_\_

Class: \_\_\_\_\_ Grade: \_\_\_\_\_

Class: \_\_\_\_\_ Grade: \_\_\_\_\_

Class: \_\_\_\_\_ Grade: \_\_\_\_\_

Class: \_\_\_\_\_ Grade: \_\_\_\_\_

Class: \_\_\_\_\_ Grade: \_\_\_\_\_

Class: \_\_\_\_\_ Grade: \_\_\_\_\_

Class: \_\_\_\_\_ Grade: \_\_\_\_\_

Class: \_\_\_\_\_ Grade: \_\_\_\_\_

**NUMBER OF DAYS ABSENT THE LAST TWO SEMESTERS**

1<sup>st</sup> Semester \_\_\_\_\_ 20\_\_\_\_ - 20\_\_\_\_

2<sup>nd</sup> Semester \_\_\_\_\_ 20\_\_\_\_ - 20\_\_\_\_

Extenuating Reasons for Absences (Explain) \_\_\_\_\_  
\_\_\_\_\_

**DISCIPLINARY RECORD**

Has student been **SUSPENDED** from school in the **LAST TWO YEARS?**

YES       NO

If YES, number of days (total) suspended \_\_\_\_\_; number of incidents \_\_\_\_\_

Reasons for disciplinary action: \_\_\_\_\_  
\_\_\_\_\_

Has student ever been **EXPELLED** from school?

YES       NO      If YES, how long? \_\_\_\_\_

State reasons: \_\_\_\_\_  
\_\_\_\_\_

Does student have a criminal record?

YES       NO

If YES, state offense: \_\_\_\_\_

Name of county and court which has jurisdiction: \_\_\_\_\_

Sentence: \_\_\_\_\_

Is student currently under court jurisdiction?

YES, on probation. How long? \_\_\_\_\_

NO, not currently on probation.

MY SIGNATURE INDICATES ALL INFORMATION PROVIDED IS TRUE AND ACCURATE. I AM AWARE IF INACCURATE OR FALSE INFORMATION IS SUBMITTED THAT IT MAY RESULT IN THE SCHOOLS OF CHOICE STATUS BEING DENIED. DOWAGIAC UNION SCHOOLS HAS MY PERMISSION TO CONTACT MY CHILD'S FORMER SCHOOL DISTRICT TO OBTAIN PERTINENT INFORMATION.

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Parent or Guardian Date

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Student, if legal age Date

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*For Office Use Only*

APPROVED

NOT APPROVED

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Building Administrator Date

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Superintendent, Dowagiac Union Schools Date

# SPECIAL EDUCATION ADDENDUM TO APPLICATION FOR 105(c)

[for students attending in a school district other than Marcellus, Cassopolis or Edwardsburg]

## AGREEMENT TO PROVIDE SPECIAL EDUCATION PROGRAMS AND SERVICES

This agreement is made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by and between Dowagiac Union Schools (hereinafter "Enrolling District") and the resident school district \_\_\_\_\_ (hereinafter "Resident District").

As a condition to enrolling a PA 105 / PA 105(c) or tuition waiver student who resides in another school district and who is eligible for special education programs and services, the enrolling district will enter into a written agreement with the resident district for the purpose of providing the pupil with a free, appropriate public education. Further, this document shall constitute an agreement on responsibility for payment of the added costs of special education programs and services for the student; and

WHEREAS, the parties wish to enter such an agreement:

IT IS THEREFORE AGREED, as follows:

**Section 1 – Programs and Services.** The Enrolling District agrees to provide the following special education programs and services for the student listed below who resides within the Resident District.

<u>Name of Student</u>	<u>Program</u>	<u>Services</u>
_____	_____	_____

**Section 2 – Student Placement.** The student's placement in the program listed above shall be pursuant to his/her Individualized Educational Plan (IEP). The Enrolling District shall conduct any subsequent Individualized Educational Plan Team meetings which may be convened after the student's initial placement in the program listed above. The Resident District shall be invited to attend all IEP Team meetings.

**Section 3 – Operations.** The Enrolling District will be responsible for the day-to-day operation of the program listed above, including but not limited to: employment and supervision of personnel assigned to the program; providing and maintaining appropriate physical facilities and equipment; and supplying appropriate instructional materials. The Enrolling District shall provide the above programs and services in accordance with

the student's IEP, all applicable federal and state laws and its ISD Plan for the Delivery of Special Education Programs and Services.

**Section 4 – Transportation.** If the student's IEP provides for special transportation for the student to and from his/her educational placement, the Enrolling District shall provide the transportation. The Enrolling District's daily schedule and calendar shall be followed. The Enrolling District shall also be responsible for any transportation necessary for the student between programs and services provided by the Enrolling District, including transportation between buildings, field trips, camp experiences and special programs. The Enrolling District shall include the cost of providing transportation in its calculation of added costs.

**Section 5 -- Costs.** The Resident District agrees to pay the Enrolling District the total unreimbursed costs of providing a special education program and services for the student. The total unreimbursed costs will be calculated in the same manner as a local school district contribution under administrative rule 340.1806. The student will be counted in membership in the Enrolling District. The total unreimbursed costs are the "total approved costs of special education" for the student as defined in 51a(7) of the State School Aid Act of 1979 (*MCL388.1651u(7)*) and the cost of providing transportation pursuant to paragraph 4, minus any state school aid and intermediate school district reimbursement for the student received by the Enrolling District as a result of counting the student in membership. The parties understand that whether any intermediate school district reimbursement is available for the student is controlled by the terms of the applicable intermediate school district plan and that terms of the plan are subject to change. The Resident District shall pay the costs of any due process hearings, complaints, or other resolutions pertaining to the student.

The Enrolling District will estimate the total unreimbursed costs based on prior year costs and reimbursements. The Resident District will pay those estimated costs to the Enrolling District in \_\_\_\_\_ equal installments payable on the \_\_\_\_\_ day or the first business day thereafter of (specify months) \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_. As soon as the final actual total unreimbursed costs can be determined, the Enrolling District will notify the Resident District of the amount and an appropriate payment adjustment will be made.

**Section 6 – Duration.** This agreement shall be effective on the above written date and shall remain in effect as long as the student continues to be enrolled in and attend in the Enrolling District and reside in the Resident District.

**Section 7 – Entire Agreement.** This is the entire Agreement between the parties. It supersedes any prior representation or previous agreements concerning the student. This Agreement may not be modified or terminated except by written mutual agreement of the parties.

**A Final Decision cannot be made until or unless the superintendent/designee signs this form.**

DOWAGIAC UNION SCHOOL DISTRICT

Date: \_\_\_\_\_

By: \_\_\_\_\_

Its: \_\_\_\_\_

\_\_\_\_\_ RESIDENT SCHOOL DISTRICT

Date: \_\_\_\_\_

By: \_\_\_\_\_

Its: \_\_\_\_\_