



**HOLLY AREA SCHOOLS  
NONRESIDENT SCHOOLS OF CHOICE  
GUIDELINES 2024-2025 SCHOOL YEAR**

*Holly Area Schools is a Schools of Choice district. Under Schools of Choice Section 105, Holly Area Schools may enroll students from another school district within Oakland County providing the student meets the application guidelines. Schools of Choice Section 105c, allows Holly Area Schools to enroll students from school districts outside of Oakland County in a contiguous Intermediate School District (ISD) such as Genesee, Lapeer, Livingston, Macomb, Washtenaw & Wayne Counties providing the student meets the application guidelines.*

**Student Information:**

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous School Attended: \_\_\_\_\_ Grade: \_\_\_\_\_

Resident District (ie: Brandon, Clarkston, etc): \_\_\_\_\_ County: \_\_\_\_\_

**School of Choice:**

Holly Area Schools accepts Schools of Choice for Young Five through 11<sup>th</sup> Grade ONLY. Not every building will have space in all grades, therefore, please indicate your preferences:

1<sup>st</sup> School of Choice: \_\_\_\_\_ Grade: \_\_\_\_\_

2<sup>nd</sup> School of Choice: \_\_\_\_\_ Grade: \_\_\_\_\_

**Questionnaire:**

1) Has the student been suspended or expelled from school within the last two (2) years? Yes  No   
*The Affirmation of Prior Discipline Record (page 3) must accompany this application.*

2) Does your child receive Special Education Services? Yes  No   
*If you marked yes and reside outside of Oakland County, please refer to the 'Out of County' guidelines (page 2).*

3) Does the student have a parent who resides in the Holly School District? Yes  No

4) Does the student currently have a sibling(s) attending Holly Area Schools? Yes  No   
*If marked yes, please list sibling(s) below:*

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

**By signing below, I certify that all of the information provided above to be true and I acknowledge and accept the policies and stipulations of Holly Area Schools' Schools of Choice program. I understand untrue or incomplete information will disqualify and remove the applicant from Holly Area Schools' program.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Pupil Services Office Use Only:**

SOC Section 105 (State Aid Code 02) or  SOC Section 105c (State Aid Code 03) Resident District Code: \_\_\_\_\_

**Holly Area Schools - Pupil Services – 920 Baird Street, Holly MI 48442**  
**Questions? Call 248.328.3106**  
**Please remit all pages via email to:**  
**Email: enrollment@hask12.org**



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## Application Procedure:

- 1) Unlimited applications are being accepted for grades Young Fives – 11<sup>th</sup> grade ONLY. **Please Note: Not every building will have space in all grades.**
- 2) All applications will be screened for accurate information. This may involve contacting the former school district.
- 3) You will be notified of the status of your request by August 20, 2024.
- 4) Your acceptance is conditional until Holly Area Schools receives and reviews all school reports.
- 5) Once accepted, students may remain in Holly Area Schools until graduation if the student complies with all guidelines for Schools of Choice.

**Athletics:** Once a student who is enrolled in grades 9 -12 changes schools, that student is not eligible for sports in the new school for one year **unless** they meet one of the 15 exceptions defined and governed by the Michigan High School Athletic Association (MHSAA). Always consult with the Holly Area Schools' Athletic Director for specific situational details.

**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.

**Code of Conduct:** All Student Code of Conduct rules, procedures and policies will apply to all students who enter Holly Area Schools 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).

**Redistricting:** 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 Holly Area Schools.

**Transportation: Parents are responsible for the transportation of School of Choice students to AND from school.** The Transportation Department **may** 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 contact the Transportation Department at 248.328.3090 to request Schools of Choice transportation. Parents need to have other transportation arrangements in place as there is no guarantee that the Transportation Department will be able to provide service.

**Timelines: Application Deadline is 08/16/2024.** Enrollment must be completed prior to being considered for Schools of Choice. If enrollment is not completed prior to application deadline, your Schools of Choice application **will not** be considered.

**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 is approved.

The Schools of Choice request is denied due to previous discipline history.

HAS District Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comment: \_\_\_\_\_

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**AFFIRMATION OF PRIOR DISCIPLINE**

**Parent/Guardian Directions:**

*Parent/Guardian must complete the information below. This page is NOT required for incoming Young Five or Kindergarten students. 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 Holly Area Schools.*

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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 Holly Area Schools to contact my student's previous school regarding their disciplinary record.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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 email appropriate disciplinary documentation to Holly Area Schools – Pupil Services at [enrollment@hask12.org](mailto:enrollment@hask12.org).*

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

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

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