**Marquette-Alger RESA**

**SCHOOLS OF CHOICE CERTIFICATION**

District: School Year: 2021-2022

**We have chosen to participate in the following Schools of Choice:**

 Section 105 (Districts within Marquette or Alger County)

 Section 105c (Districts in counties contiguous to Marquette or Alger County)

**Complete if LIMITED positions are available:**

Date advertisement was published (Cannot be later than the second Friday in August):

Schools and number of positions in each (attached separate list if necessary):

Dates of the application period (At least 15 days but not more than 30 days):

The determination of which nonresidents will be allowed to enroll and notification of same to the parents/guardians was made within 15 calendar days after the application period.

 Yes No

The date by which each applicant must enroll:

(The date must be included in the notification to applicants accepted for enrollment)

Were all students enrolled on or before September 1, 2021?

 Yes No

If positions became available, additional pupils were allowed to enroll beginning the third Monday in August but no later than the end of the first week of school.

 Yes No

**Complete if UNLIMITED positions are available:**

Date advertisement was published:

Participating Schools: All Some (List specific schools)

Date of the application period:

By the end of the first week of school we notified the parent/legal guardian of each non-resident applicant who was accepted.

 Yes No

Were all students enrolled on or before September 1, 2021?

 Yes No

Did you receive a waiver from the Michigan Department of Education allowing enrollment beyond the statutory date?

 Yes No

**If yes, attach a copy of the MDE notification to this form.**

Did your district enroll special education students under the provisions of Section 105c? (From districts in counties contiguous to Marquette or Alger County)

Yes No

**If yes, attach any new agreements with the districts of residence for each student.**

I hereby certify that the above statements are true and that all other conditions for enrollment under Section 105 and 105c of the State Aid Act were met.

Printed name of Superintendent or designee: Title:

Signature of Superintendent or designee: Date Signed:

Return completed form with the Fall Pupil Membership Count Desk Audit documentation.

Please contact Megan Brown, Pupil Accounting Auditor at 906.226.5115 if you have any questions.