



Onaway Secondary School



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Working together to prepare students for life.

Go Cardinals!!

By signing below, I agree to hold harmless the Onaway Area Community School District, their employees and the Board of Education members for any decision in the selection process, potential or actual participation as a Section 105 Schools of Choice student relative to academic achievement, co-curricular participation, student discipline related to behavior and all other aspects of participation as a member of a student body.

It is further understood that transportation for non-resident students will be provided by the parent/legal guardian.

I also consent to have all student records information (including academic and behavioral records) released to Onaway Area Community School District, students who do not demonstrate appropriate mastery of previous grade level standards may not be advanced to the next grade.

I understand that, if more students apply for a grade/program than those available, the district will hold a random drawing to determine those students accepted.

Finally, I understand that any misrepresentation as part of the application process may result in the dismissal of the student.

Parent or Legal Guardian Signature

Date

Central Office Use ONLY

Date application received: _____

*Was student a non-resident student of OACSD last year? ____ Yes ____ No

*Does applicant have a sibling already attending OACSD? ____ Yes ____ No

____ Application Approved

____ Application denied (reason/comment)

Superintendent

Date