



Schools of Choice Information and Application

Welcome to Owosso Public Schools! We are excited you are considering Owosso Public Schools for your child(ren)'s educational future. If you reside in Shiawassee County outside of the Owosso Public Schools District boundaries or in a contiguous county and are enrolling in a grade from Developmental Kindergarten through eleventh grade, you are welcome to apply. Enrollment in Owosso Public Schools as a non-resident through Schools of Choice is a two-step process.

First, all non-resident students must complete the attached School of Choice application during the application period, May 4, 2026, through June 3, 2026. Placement will be determined by space availability. Requesting a specific school does not guarantee placement in that school.

The application must be accompanied by the discipline records for the previous two years and, if applicable, the current IEP or 504 Plan. These documents must be provided by the parent/guardian. Applications will not be processed until all required documents are received.

Second, all applicants will be notified of their status by July 1, 2026. If accepted, you will receive an official letter with instructions on how to complete the enrollment process. The enrollment packet must be completed no later than August 1, 2026.

Additional documents required to enroll are as follows:

- Original Birth Certificate (Alternative proof of age is allowable with approval from administration.)
- Driver's License or State ID showing photo identification of the parent/guardian's name
- Current Immunization Records
- Hearing, Oral, and Vision Screening (Kindergarten Only)
- Special Education Documents, if applicable

Once accepted through the Schools of Choice program, students may continue attending Owosso Public Schools through graduation, provided there is no break in enrollment. Transportation to and from school is not provided.

Providing incomplete, inaccurate, or false information will result in a denial of your application and/or enrollment in the Owosso Public Schools. A separate application is required for each student.

For further information, please contact: Tasha Speck, 989-723-8131
speck@owosso.k12.mi.us

Owosso Public Schools

School of Choice Application 2026-2027

Student Full Legal Name _____
(Last) (First) (Middle)

Student Date of Birth _____ Student Gender Male Female

Address _____
(Street) (City) (Zip Code)

Current School District of Residence _____

Grade Student Completed in 2025-2026 _____ Grade for 2026-2027 _____

Previous District Attended _____

Previous Building Attended _____

Is this student in a Special Education Program? Yes No

Does this student have a 504? Yes No

Has this student been suspended from school? Yes No

Has this student been expelled from school? Yes No

Please explain the details of any time this student has been suspended or expelled.

Please share your reason for applying to Owosso Public Schools.

Parent/Guardian Legal Name _____
(Last) (First)

Parent/Guardian Email Address _____

Parent/Guardian Address _____
(Street) (City) (Zip Code)

Parent/Guardian Primary Contact Phone Number _____

Do you currently have children attending Owosso Public Schools? Yes No
If yes, list the name, building, and grade for the 2026-2027 school year.

(First, Last Name) (Building) (Grade)

(First, Last Name) (Building) (Grade)

(First, Last Name) (Building) (Grade)

The undersigned hereby acknowledges that the information provided in this application is true and accurate. Submitting incomplete, inaccurate, or false information will result in the denial of the application and enrollment in the Owosso Public Schools District. The undersigned understands that it is their responsibility to inform the appropriate school office if and when any information shared in this form changes. Failure to inform the District will subject the student to termination of enrollment at Owosso Public Schools. Transportation to and from school is not provided.

Parent/Guardian Signature _____ Date _____

Office Use Only (To be completed by the school district)

Application Received By _____ Date Received _____

Building Requested _____

Student is accepted as a School of Choice student Yes No

Approved By _____ Date Approved _____

Parent Notified On _____