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## Schools of Choice Information and Application

Welcome to Owosso Public Schools! We are excited you are considering Owosso Public Schools for the future of your child(ren)'s educational career. If you reside in Shiawassee County outside of the Owosso Public Schools District boundaries, you are welcome to apply. Enrolling in Owosso Public Schools as a non-resident through Schools of Choice is a two-step process.

First, every non-resident student must complete the attached School of Choice application during the application period, May 1, 2025, through August 22, 2025. 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 previous two years of discipline records, and if applicable, current IEP or 504. These documents must be provided by the parent/guardian. The application will not be processed until all documents are provided.**

Second, all applicants will be notified of their status within thirty days of submitting a completed application. If accepted, you will receive an official letter with directions on how to complete the enrollment process. You must complete the enrollment packet no later than the enrollment deadline on the acceptance letter to guarantee placement. 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 parent/guardian name and current address)
- Current Immunization Records
- Vision Screening (Kindergarten Only)
- Oral Health Assessment (Kindergarten Only)
- Special Education Documents, if applicable

Once accepted through the Schools of Choice program, you may continue to attend Owosso Public Schools through graduation unless there is a break in enrollment. Transportation to and from school is not provided.

Providing incomplete, inaccurate, and/or false information will result in a denial of your application and 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](mailto:speck@owosso.k12.mi.us)

**Owosso Public Schools**  
**School of Choice Application 2025-2026**

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 2023-2024 \_\_\_\_\_ Grade for 2024-2025 \_\_\_\_\_

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 2024-2025 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, and/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 \_\_\_\_\_

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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 \_\_\_\_\_