Onaway Secondary School

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Working together to prepare students for life. *Go Cardinals!!*

APPLICATION FOR SCHOOLS OF CHOICE

FOR THE SCHOOL YEAR OF 2026-2027

Student's Name: _____ Date of Birth: _____

Grade Level (entering): _____ Male _____ Female _____

Parent's Name: _____ Full Custody _____ Joint Custody _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Street Address: _____ City:_____ State: _____

Other School Age Children In Household:

Name_____ Grade_____

Name_____ Grade_____

Name_____ Grade_____

School District of Residence: _____

School Currently Attending: _____

Reason for Request:

_____

*If needed, please use reverse side for additional comments on the following.

Are Special Education Services required? ____ Yes ____No

If yes, please explain: _____

_____

Has the student ever had an in-school or out-of-school suspension for any reason? ____ Yes ____ No

If yes, please explain: _____

_____

Are all Immunizations Current? ____ Yes ____ No

Onaway Area Community Schools is an equal opportunity provider and educator.