

Mason County Eastern Schools
Schools of Choice Program
2024-25 Non-Resident Enrollment Application

Return form to Mason County Eastern
by: September 6, 2024

105c Schools of Choice
14 days prior to the first day of school

Student's Name: _____ Date of Birth: _____
Street Address: _____ Gender: Male Female
City: _____ Zip: _____ Home Phone: _____ Cell Phone: _____
Parent/Guardian Names: _____
Street Address: _____ City: _____ Zip: _____

Resident District: _____ School Currently Attending: _____ Current Grade: _____

Choice District: _____ Grade Requesting Enrollment In: _____ Building: _____
Full Names of Child(ren) Who Will Also Apply: (1) _____ (Grade) _____
(2) _____ (Grade) _____ (3) _____ (Grade) _____
(4) _____ (Grade) _____ (5) _____ (Grade) _____
(6) _____ (Grade) _____ (7) _____ (Grade) _____

To ensure continuity of service, please indicate what services are currently provided for your child:

Special Education YES NO **English as a Second Language** **504** **Other** _____

Has this student ever been suspended? No Yes Date: _____ District: _____
Reason for Suspension: _____
Has this student ever been expelled? No Yes Date: _____ District: _____
Reason for Expulsion: _____
Has this student ever been truant: No Yes Has attendance improved: No Yes
Has this student ever been asked to leave a nonpublic school? No Yes Date: _____ District: _____

Please review this information and sign below:

This district does not discriminate on the basis of race, color, disability, religion, gender or national origin. The district reserves the right to limit enrollment based on capacity of buildings or programs as well as failure of applicant to meet any special requirements for entry into its buildings or programs. Enrollment may also be denied to a student who has been suspended or expelled from a previous district or to a Special Education student wishing to enroll under Section 105c Schools of Choice for whom a written cooperative agreement regarding costs cannot be obtained with their district of residence.

Parent/Guardian Signature (or student if 18 years old) _____ Date _____

District Use Only

Student Enrollment Status

____ Student Accepted into Mason County Eastern
Building: _____
Grade: _____
Notified: _____
Superintendent: _____
(If Sec 105c Special Ed Student, an agreement has been executed with the resident district)
____ Enrollment Denied
Reason: _____

**Non Resident Category
(MSDS Code)**

____ Section 105 SOC (02)
Due September 6, 2024

____ Section 105c SOC (03)
*Due 14 days prior to the first day
of school, August 20, 2024*

____ Resident District Release * (06)
Enrolled after Sept. 6, 2024

***Resident District Release**

This student is released for enrollment into Choice school district.

Releasing School District

____ District Release
____ Proof of Residency
Date _____