

Bay-Arenac Intermediate School District
SCHOOLS OF CHOICE CERTIFICATION - 2nd Semester

District: _____

School Year: _____

We have chosen to accept applications for the second semester or trimester:

_____ Section 105 (districts within Bay/Arenac Counties)

_____ Section 105c (districts in counties contiguous to Bay and Arenac Counties)

Date advertisement was published: _____
(Cannot be later than two weeks prior to the end of the first semester or first trimester)

Dates of the application period: _____
(last 2 weeks of the first semester or trimester)

The determination of which nonresidents were allowed to enroll and notification of same to the parents/guardians was made by the beginning of the second semester or trimester.

Yes _____ No _____

The date by which each applicant was required to enroll: _____
(The date for enrollment must be no later than the first week of school.)

All students were enrolled by the above date:

Yes _____ No _____

I hereby certify that the above statements are true and that all other conditions for enrollment under Section 105 and 105c of the State Aid Act were met.

Printed name of Superintendent or designee: _____

Title: _____

Signature of Superintendent or designee: _____

Date signed: _____

**Return completed form with the February Supplemental Count desk audit documentation.
Please contact Pat Michalski, Student Services Supervisor at 667-3239 if you have any questions.**