**5-I: SCHOOLS OF CHOICE CERTIFICATION**

District:

School Year:

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

Section 105 (Districts within Marquette or Alger County)

Section 105c (Districts in counties contiguous to Marquette or Alger County)

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 first trimester)

The determination of which nonresidents will be 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 must 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 Spring Pupil Membership Count desk audit documentation.

Please contact Jill Malin, Pupil Accounting Auditor at 906.226.5115 if you have any questions.