



**Genesee 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 Genesee County)

\_\_\_\_\_ Section 105c (districts in counties contiguous to Genesee 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 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 \_\_\_\_\_

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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 Debi Hartman, Business Services Administrator at 810-591-4422 if you have any questions.**