

**2020-2021 Adrian Public Schools
Out-of-District Schools of Choice Application for Second Trimester
November 11, 2020 – November 25, 2020
Young 5's – 12th Grade**

Sections 105 and 105c of the State School Aid Act allow students residing within the boundaries of the Lenawee Intermediate School District and Intermediate School Districts contiguous to the Lenawee Intermediate School District (Hillsdale, Jackson, Monroe & Washtenaw) to enroll in a receiving "Schools of Choice" school district.

This application must be completed in its entirety and returned to any school office or the Administrative Offices, 785 Riverside Ave. Suite 1, Adrian, MI , 264-6640.

Parent/Guardian Name _____
Street/City/State/Zip _____
Home Telephone _____ Cell Phone _____ Work Telephone _____
Email Address: _____

School district in which you live _____
Name of School child(ren) last attended: _____
School Address: _____
City _____ State _____ Zip Code _____
Phone Number: _____ Fax Number: _____

Do you currently have any children attending Adrian Public Schools on Schools of Choice? ☐ Yes ☐ No

Please list their name(s), grade(s) and school(s) _____

Reason(s) for requesting admission under Schools of Choice (examples – currently attending Adrian and moved; course offerings)

Student #1 – Name: _____ Male ☐ Female ☐

Date of Birth _____ Grade entering for 20-21 _____ School/Program applying for _____

Please fill in the appropriate box with an x and give any explanations which apply.

- | | Yes | No | |
|----|--------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | I understand transportation is not provided under schools of choice (In some cases transportation, may be provided). |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | I understand that the Michigan High School Athletic Association establishes athletic eligibility status. |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Has your child ever been expelled from any public or private school? If you answered yes, please explain in detail and give the dates and name of school expelled from. _____ |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Has your child been suspended from a public or private school in the past two years? If you answered yes, please explain in detail and give the dates of the suspension(s) and name of school suspended from. _____ |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Has your child been convicted of a felony? If you answered yes, please explain in detail. _____ |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Does your child receive any special services? If yes, what services. _____ |

THIS IS A TWO-SIDED FORM – PLEASE COMPLETE THE BACK PORTION OF THIS APPLICATION

Student #2 – Name: _____		Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth _____	Grade entering for 20-21 _____	School/Program applying for _____
Please fill in the appropriate box with an x and give any explanations which apply.		
<div style="display: flex; justify-content: space-between; padding: 0 10px;"> Yes No </div>		
1. <input type="checkbox"/>	<input type="checkbox"/> I understand transportation is not provided under schools of choice.	
2. <input type="checkbox"/>	<input type="checkbox"/> I understand that the Michigan High School Athletic Association establishes athletic eligibility status.	
3. <input type="checkbox"/>	<input type="checkbox"/> Has your child ever been expelled from any public or private school? If you answered yes, please explain in detail and give the dates and name of school expelled from. _____ _____ _____	
4. <input type="checkbox"/>	<input type="checkbox"/> Has your child been suspended from a public or private school in the past two years? If you answered yes, please explain in detail and give the dates of the suspension(s) and name of school suspended from. _____ _____ _____	
5. <input type="checkbox"/>	<input type="checkbox"/> Has your child been convicted of a felony? If you answered yes, please explain in detail. _____ _____	
6. <input type="checkbox"/>	<input type="checkbox"/> Does your child receive special services? If yes, what services. _____ _____	

Student #3 – Name: _____		Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth _____	Grade entering for 20-21 _____	School/Program applying for _____
Please fill in the appropriate box with an x and give any explanations which apply.		
<div style="display: flex; justify-content: space-between; padding: 0 10px;"> Yes No </div>		
1. <input type="checkbox"/>	<input type="checkbox"/> I understand transportation is not provided under schools of choice.	
2. <input type="checkbox"/>	<input type="checkbox"/> I understand that the Michigan High School Athletic Association establishes athletic eligibility status.	
3. <input type="checkbox"/>	<input type="checkbox"/> Has your child ever been expelled from any public or private school? If you answered yes, please explain in detail and give the dates and name of school expelled from. _____ _____ _____	
4. <input type="checkbox"/>	<input type="checkbox"/> Has your child been suspended from a public or private school in the past two years? If you answered yes, please explain in detail and give the dates of the suspension(s) and name of school suspended from. _____ _____ _____	
5. <input type="checkbox"/>	<input type="checkbox"/> Has your child been convicted of a felony? If you answered yes, please explain in detail. _____ _____	
6. <input type="checkbox"/>	<input type="checkbox"/> Does your child receive any special services? If yes, explain. _____ _____	

***IF YOU HAVE MORE THAN 3 CHILDREN, PLEASE FILL OUT AN ADDITIONAL FORM**

By signing this application, I authorize the contact and release of my child's/children's records from the school district(s) previously attended and certify that all of the information provided is true and complete. I recognize that failure to disclose any suspensions or expulsions will result in the re-evaluation of this application.

Parent/Guardian Signature

Date

Student Signature (if 18 or over)

Date

For Office Use Only: Date Application Received: _____

Time: _____

Accepted: ☐ YES ☐ NO

Signature of person accepting application