## 2024-25 Adrian Public Schools Out-of-District Schools of Choice Application for First Trimester March 19, 2024, to August 30, 2024 Young 5's - 12<sup>th</sup> 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 and returned to any school office or the Administrative Offices, 785 Riverside Ave. Suite 1, Adrian, MI, 264-6640.

		,	Administrative Offices, 765 Riverside Ave. Suite 1, Adman, M1, 204-0040.			
Parent/Guar	dian Name					
Street/City/S	State/Zip					
Home Telep	hone	Cell Phone	Work Telephone			
Email Addre	SS:					
School distr	ct in which you live					
Name of Scl	nool child(ren) last atte	nded:				
School Addr	ess:	Ctato				
Phone Num	per:	State Fax Number:	Zip Code			
		rax ramberi_				
Do you curr	ently have any childrer	attending Adrian Public Sc	hools on Schools of Choice? □Yes □No			
Dlazca list th	neir name(s) arade(s)	and school(s)				
r icase iist ti	ieii fiame(s), grade(s)	and scriool(s)	_			
Reason(s) for	requesting admission un	der Schools of Choice (exampl	es – currently attending Adrian and moved; course offerings)			
Student #1	tudent #1 − Name: Male □ Female □					
Stadent #1	Student #1 - Ivanie.					
Date of Birth Grade entering 2024 School/Program applying for						
	the appropriate box v	with an <b>→</b> and give any exp	lanations which apply.			
	I understand transportat	ion is not provided under scho	ools of choice (In some cases, transportation may be provided).			
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	sociation establishes athletic eligibility status.			
			rivate school? If you answered yes, please explain in detail and give			
4 🗆 🗆	Line years shild been such	and of from a mublic or muivat	a cabacil in the most true years? If you appropriate year places or place			
4. 🗆 🗆		bended from a public or private ates of the suspension(s) and t	e school in the past two years? If you answered yes, please explain the school's name.			
	u detain aina girre ane al	see of the outpolicion (o) thru				
5. 🗆 🗆	Has your child been cor	victed of a felony? If you answ	vered yes, please explain in detail.			
6 🗆 🗆	Door your child receiv	ve any special services? If y	vas what sorvices?			
6. 🗆 🗆	Does your crilla receiv	re arry special services? If y	es, what services:			
TU	IS IS A TWO SIDED E	DI EASE COMPLETE T	THE BACK DODITION OF THIS ADDITION			

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

Student #2 – Name:	Male □ Female □

Date o	of Birth	Grade entering 2024	School/Program applying for
Please	e fill in the annro	priate box with an x and give ar	ny explanations which apply.
	s No	Zilace Box With all X alla give al	y explanations which apply:
1. 🗆		ransportation is not provided under	r schools of choice.
2. 🗆	☐ I understand	that the Michigan High School Athle	etic Association establishes athletic eligibility status.
3. 🗆	☐ Has your child	d ever been expelled from any publi	lic or private school? If you answered yes, please explain in detail and give
4. 🗆			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 the school suspended
5. 🗆	☐ Has your child	been convicted of a felony? If you	answered yes, please explain in detail
6. 🗆	□ Does your ch	nild receive special services? If y	'es, what services?
Ctudos	nt #2 Name		Malo D. Fomalo D
	nt #3 – Name:	Con de autorio a 2024	Male □ Female □
	of Birth	Grade entering 2024	School/Program applying for
Please Yes		priate box with an x and give ar	ny explanations which apply.
1 🗆		d transportation is not provided und	ler schools of choice.
2 🗆			nletic Association establishes athletic eligibility status.
3. 🗆			blic or private school? If you answered yes, please explain in detail and
	give the dat	es and name of the school.	
4. 🗆			private school in the past two years? If you answered yes, please explain (s) and name of the school suspended.
5. 🗆	∏ Has your chi	ld been convicted of a felony? If yo	ou answered yes, please explain in detail
	= mas your arm	a been convicted of a felony. If you	a anomalea yee, prease explain in accum
6. 🗆	□ Does your c	hild receive any special services	? If yes, explain
IF YO	U HAVE MORE TH	IAN 3 CHILDREN, PLEASE FILL (	OUT AN ADDITIONAL FORM
l certify		rmation provided is true and comple	of my child's/children's records from the school district(s) previously atterete. I recognize that failure to disclose any suspensions or expulsions will recognize that failure to disclose any suspensions or expulsions will recognize that failure to disclose any suspensions or expulsions will recognize that failure to disclose any suspensions or expulsions will recognize that failure to disclose any suspensions or expulsions will recognize that failure to disclose any suspensions or expulsions will recognize that failure to disclose any suspensions or expulsions will recognize that failure to disclose any suspensions or expulsions will recognize that failure to disclose any suspensions or expulsions will recognize that failure to disclose any suspensions or expulsions will recognize that the failure to disclose any suspensions or expulsions will recognize the suspensions of the failure to disclose any suspensions or expulsions will recognize the suspensions of the failure to disclose any suspensions or expulsions will recognize the suspensions of the failure to disclose any suspensions of the suspension of the suspensions of the suspen
Paren	t/Guardian Sign	ature Date	Student Signature (if 18 or over) Date
Office	Use Only: Date App Accepted		Time:Signature of person tacking application
	Accepted		<u>Signature of person tacking application</u>