

**2025 Adrian Public Schools
Out-of-District Schools of Choice Application for First Trimester
April 8, 2025, to August 28, 2025
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 and returned to any school office or the Administrative Offices, 785 Riverside Ave. Suite 1, Adrian, MI, 264-6640.

Parent/Guardian Name _____
Street _____ City _____
Phone: _____
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 2025 _____ School/Program applying for _____

Please fill in the appropriate box with an X and provide any explanations that apply.

Yes No

1. ☐ ☐ I understand transportation may not be provided under schools of choice.
2. ☐ ☐ I understand that the Michigan High School Athletic Association establishes athletic eligibility status.
3. ☐ ☐ 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 the school. _____

4. ☐ ☐ 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 the school's name. _____

5. ☐ ☐ Has your child been convicted of a felony? If you answered yes, please explain in detail. _____

6. ☐ ☐ 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 2025 _____	School/Program applying for _____
Please fill in the appropriate box with an x and provide any explanations that apply.		
Yes No		
1. <input type="checkbox"/>	<input type="checkbox"/> I understand transportation may not be 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 the school. _____	

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 the school's name. _____	

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 2025 _____	School/Program applying for _____
Please fill in the appropriate box with an x and provide any explanations that apply.		
Yes No		
1. <input type="checkbox"/>	<input type="checkbox"/> I understand transportation may not be 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 the school. _____	

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 the school's name. _____	

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 re-evaluating this application.

Parent/Guardian Signature

Date

Student Signature (if 18 or over)

Date

For Office Use Only: Date Application Received: _____

Accepted by Superintendent: ☐ YES ☐ NO