

**2019-2020 Adrian Public Schools
Out-of-District Schools of Choice Application for First Trimester
April 1 – September 6, 2019
Young 5's – 12th Grade & Alternative Education**

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. You will also need to present proof of residency such as mortgage statement, utility bill or property tax bill.

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth _____	Grade entering for 2019 _____
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 2019 _____	School/Program applying for _____																												
Please fill in the appropriate box with an x and give any explanations which apply.																														
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***IF YOU HAVE MORE THAN 3 CHILDREN, PLEASE FILL OUT AN ADDITIONAL FOR**

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: _____

P.O.R. rec'd: ☐ YES ☐ NO

Accepted: ☐ YES ☐ NO

Signature of person accepting application