## 2021-2022 Adrian Public Schools Out-of-District Schools of Choice Application for Second Trimester March 22, 2021- September 3, 2021 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 in its entirety and returned to any school office or the Administrative Offices, 785 Riverside Ave. Suite 1, Adrian, MI , 264-6640.

Parent/Gu	ardian Name		
	/State/Zip		
			Work Telephone
Email Addı	ress:		
Name of S School Add City Phone Nur  Do you cur	trict in which you live chool child(ren) last attended dress: mber: rrently have any children atte	d: State Fax Number: ending Adrian Public Scho	Zip Code
Reason(s) fo	or requesting admission under S	Schools of Choice (examples	s – currently attending Adrian and moved; course offerings)
Student #	ent #1 – Name: Male □ Female □  of Birth Grade entering for 21-22 School/Program applying for		
Please fill	in the appropriate box with	an X and give any expla	nations which apply.
Yes No			
1. 🗆 🖸	I understand transportation is	s not provided under school	s of choice (In some cases transportation, may be provided).
			ociation establishes athletic eligibility status.
3. 🗆 🗆			vate school? If you answered yes, please explain in detail and
4. 🗆 🗆	Has your child been suspende in detail and give the dates of		school in the past two years? If you answered yes, please explain me of the school.
5. 🗆 [	Has your child been convicte	ed of a felony? If you answ	ered yes, please explain in detail.
6. 🗆 [	☐ Does your child receive ar	ny special services? If ye	s, what services

Student	#2 – Name:		Male □ Female □
Date of	Birth	Grade entering for 21-22	School/Program applying for
Please f	fill in the approp	riate box with an x and give any e	explanations which apply.
Yes	No		
1. 🗆	☐ I understand tr	ansportation is not provided under scl	hools of choice.
2. 🗆	☐ I understand th	nat the Michigan High School Athletic	Association establishes athletic eligibility status.
3. 🗆			private school? If you answered yes, please explain in detail and give
	the dates and	name of the school.	
4. 🗆	☐ Has your child b	een suspended from a public or priva	te school in the past two years? If you answered yes, please explain
	in detail and gi	ve the dates of the suspension(s) and	name of the school suspended
5. 🗆	☐ Has your child b	een convicted of a felony? If you ans	wered yes, please explain in detail.
6. 🗆	□ Does your chi	ld receive special services? If yes,	, what services?
Student	#3 – Name:		Male □ Female □
Date of	Birth	Grade entering for 21-22	School/Program applying for
Please f		iate box with an x and give any e	
<u>Yes</u>	No		
1 🗆		ransportation is not provided under so	
2 🗆			Association establishes athletic eligibility status.
3. 🗆			or private school? If you answered yes, please explain in detail and
	give the dates	and name of the school.	
4. 🗆		been suspended from a public or priv give the dates of the suspension(s) ar	ate school in the past two years? If you answered yes, please explain and name of the school suspended.
5. 🗆	☐ Has your child	been convicted of a felony? If you ar	nswered yes, please explain in detail.
6. 🗆	☐ Does your ch	ild receive any special services? I	f yes, explain
IF YOU	HAVE MORE THA	N 3 CHILDREN, PLEASE FILL OUT	AN ADDITIONAL FORM
certify th		nation provided is true and complete.	ny child's/children's records from the school district(s) previously atter I recognize that failure to disclose any suspensions or expulsions will re
Parent/	Guardian Signat	ture Date	Student Signature (if 18 or over) Date
Office Us	e Only: Date Applic	ation Received:	Time:
	Accepted:	☐ YES ☐ NO	Signature of person accepting application