

2009-2010 Adrian Public Schools Out-of-District Schools of Choice Application

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 the Administrative Offices, 785 Riverside Ave. Suite 1, Adrian, MI , 264-6640.

Parent(s)/Guardian(s) Name _____
 Street/City/State/Zip _____
 Home Telephone _____ Work Telephone _____

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

1. Student's Name _____ Male Female
 Date of Birth _____ 09-10 Grade _____ School/Program applying for _____

2. Student's Name _____ Male Female
 Date of Birth _____ 09-10 Grade _____ School/Program applying for _____

3. Student's Name _____ Male Female
 Date of Birth _____ 09-10 Grade _____ School/Program applying for _____

Do you currently have any children attending Adrian Public Schools on SOC? _____ **Please list their name(s), grade(s) and school(s).** _____

Reason(s) for requesting admission under Schools of Choice: _____

STUDENT NUMBER 1 INFORMATION
 Please fill in the appropriate box with a ✓ and give any explanations which apply.

Yes No

1. I understand transportation is not 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 school expelled from. _____

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 name of school suspended from. _____

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

STUDENT NUMBER 2 INFORMATION

Please fill in the appropriate box with a ✓ and give any explanations which apply.

Yes No

- 4. I understand transportation is not provided under schools of choice.
- 5. I understand that the Michigan High School Athletic Association establishes athletic eligibility status.
- 6. 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. 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. Has your child been convicted of a felony? If you answered yes, please explain in detail. _____

STUDENT NUMBER 3 INFORMATION

Please fill in the appropriate box with a ✓ and give any explanations which apply.

Yes No

- 7. I understand transportation is not provided under schools of choice.
- 8. I understand that the Michigan High School Athletic Association establishes athletic eligibility status.
- 9. 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. 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. Has your child been convicted of a felony? If you answered yes, please explain in detail. _____

By signing this application, I authorize the contact of 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 the 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: _____ Time: _____

Accepted: YES NO

Signature of person accepting application