2022-2023 Adrian Public Schools Out-of-District Schools of Choice Application for First Trimester March 21, 2022 to September 9, 2022 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 in its entirety and returned to any school office or the Administrative Offices, 785 Riverside Ave. Suite 1, Adrian, MI , 264-6640.

Parent/Guard	lian Name					
Street/City/S	tate/Zip					
Home Teleph	none	Cell Phone	Work Telephone			
	s:					
School district Name of Sch	t in which you live ool child(ren) last attended:					
City	9	State	Zip Code			
Phone Numb	er:	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)						
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Student #1 – Name:			Male □ Female □			
Date of Birth Grade entering for 2022 School/Program applying for						
Please fill in the appropriate box with an × and give any explanations which apply.						
Yes No	the appropriate box with an .	value give any explanae	iono milan appryr			
			choice (In some cases transportation, may be provided).			
	3					
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 fr	om a public or private scho	ol in the past two years? If you answered yes, please explain			
	in detail and give the dates of th					
5. 🗆 🗆	Has your child been convicted of	a felony? If you answered	yes, please explain in detail.			
6. 🗆 🗆	Does your child receive any s	pecial services? If yes, v	vhat services			

Student #2	. – Name:		Male □ Female □
Date of Birt	th Grad	e entering for 2022	School/Program applying for
Please fill i	n the appropriate box v	with an x and give any	explanations which apply.
<u>Yes</u> No			
	I understand transportation	· · · · · · · · · · · · · · · · · · ·	
			Association establishes athletic eligibility status.
			or private school? If you answered yes, please explain in detail and give
	the dates and hame of th	e school.	
4. 🗆 🗆 H	Has your child been suspe	nded from a public or priva	ate school in the past two years? If you answered yes, please explain
	in detail and give the date	es of the suspension(s) an	d name of the school suspended
5. 🗆 🗆 H	Has your child been convic	ted of a felony? If you ar	nswered yes, please explain in detail.
6. 🗆 🗆	Does your child receive	snecial services? If ve	s what services?
			s, white services:
	– Name:		Male □ Female □
Date of Birt		ade entering for 2022 _	
		with an x and give any	explanations which apply.
<u>Yes</u> No	! l I understand transportat	ion is not provided under	schools of choice
			ic Association establishes athletic eligibility status.
			or private school? If you answered yes, please explain in detail and
<i>y</i> . L			or private sensor. If you answered yes, please explain in actain and
4. 🗆 🗆			ivate school in the past two years? If you answered yes, please explain and name of the school suspended
5. 🗆 🗆	Has your child been conv	icted of a felony? If you a	answered yes, please explain in detail
6. 🗆 🗆	Does your child receive	e any special services?	If yes, explain
		•	T AN ADDITIONAL FORM my child's/children's records from the school district(s) previously attended
d certify that			. I recognize that failure to disclose any suspensions or expulsions will res
Parent/Gu	ardian Signature	Date	Student Signature (if 18 or over) Date
r Office Use O	Only: Date Application Receiv		
	Accepted: YES	□ NO	Signature of person accepting application