

**2020-2021 Adrian Public Schools  
Out-of-District Schools of Choice Application for First Trimester  
March 30 – September 4, 2020  
Young 5's – 12<sup>th</sup> 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: _____
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School district in which you live _____
Name of School child(ren) last attended: _____
School Address: _____
City _____ State _____ Zip Code _____
Phone Number: _____ Fax Number: _____
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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) _____ _____
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Student #1 – Name: _____ Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth _____ Grade entering for 2020 _____ School/Program applying for _____
<b>Please fill in the appropriate box with an x and give any explanations which apply.</b>
<b>Yes No</b>
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 2020 _____	School/Program applying for _____
<b>Please fill in the appropriate box with an x and give any explanations which apply.</b>		
<b>Yes No</b>		
1. <input type="checkbox"/>	<input type="checkbox"/> I understand transportation is not 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 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 special services? If yes, what services. _____	
_____		

Student #3 – Name: _____		Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth _____	Grade entering for 2020 _____	School/Program applying for _____
<b>Please fill in the appropriate box with an x and give any explanations which apply.</b>		
<b>Yes No</b>		
1. <input type="checkbox"/>	<input type="checkbox"/> I understand transportation is not 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 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, explain. _____	
_____		

**\*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'vd:  YES  NO

Accepted:  YES  NO

**Signature of person accepting application** \_\_\_\_\_