

## Madison School District 2018-19 Schools of Choice Application

A separate application must be completed for each child seeking admission. Applications must be returned to Madison School District, 3498 Treat Hwy., Adrian, MI 49221.

*Section 105 and Section 105c of the State School Aid Act allows children residing within the boundaries of the Lenawee Intermediate School District as well as outside and contiguous to the ISD to enroll in a receiving "Schools of Choice Section 105 & 105c" school district.*

Date of Application: \_\_\_\_\_

Application to Attend Grade:  K  1  2  3  4  5  6  7  8  9  10  11  12

### Applicant/Student Information for the 2018-2019 School Year

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female

School District of Residence: \_\_\_\_\_ Last District Attended: \_\_\_\_\_

Last School Building Attended: \_\_\_\_\_ Phone Number of Last Building Attended: \_\_\_\_\_

Siblings: List any brothers/sisters/children living in the same household who already attend Madison School District.

1. Name \_\_\_\_\_ Grade Entering This Fall 2018: \_\_\_\_\_

2. Name \_\_\_\_\_ Grade Entering This Fall 2018: \_\_\_\_\_

3. Name \_\_\_\_\_ Grade Entering This Fall 2018: \_\_\_\_\_

*The Law provides districts the opportunity to deny attendance to a student who has ever been expelled or suspended within the previous two school years. If the District receives your child's school records indicating a suspension or expulsion and it is not identified on this application, the District reserves the right to deny your child's acceptance through Schools of Choice.*

Has your child been suspended or expelled within the preceding two (2) school years?  Yes  No

If yes, please explain each instance: \_\_\_\_\_

### Parent/Guardian Information

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone Number: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address: \_\_\_\_\_

*I understand transportation is not provided under schools of choice; I understand athletic eligibility status is established by the Michigan High School Athletic Association; and I have accurately and completely provided all of the information requested on this application. I hereby grant permission for all educational records, discipline records, files, and data of the above-named student to be released to the Madison School District.*

Parent/Guardian Signature: \_\_\_\_\_

#### Office Use Only:

Received By (initials):	Date	Time	Expected Year of Graduation	Approved/Denied	Principal's Signature
	____/____/2018	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	