Madison School District
2019-2020 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 2019-2020 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 2019:_____
2. Name_____ Grade Entering This Fall 2019:_____
3. Name_____ Grade Entering This Fall 2019:_____

*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
	_____/_____/2019	☐a.m. ☐p.m.	20_____	☐ Approved ☐ Denied	