

**MILAN AREA SCHOOLS**

**100 Big Red Dr.**

**Milan, MI 48160**

**Phone: (734)439-5050**

\_\_\_ **NEW**  
\_\_\_ **RETURNING**

**2024-2025**

**APPLICATION FOR ENROLLMENT  
SCHOOLS OF CHOICE**

Date of Application: \_\_\_\_\_ Resident School District (where you live): \_\_\_\_\_

Name of School District & Building Attended (last two years): \_\_\_\_\_

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade of Student (for desired school year): \_\_\_\_\_

Is your residence within Washtenaw County? Yes / No (please circle)

Is your child receiving Special Education Services in their current district? Yes / No (please circle)

REASON(s) for Child/Student to be a Participant in Milan’s Schools of Choice Program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HOLD HARMLESS CLAUSE:**

The parent(s) making application for their child/student to attend Milan Area Schools under the Schools of Choice Program agree to hold harmless Milan Area School District, their employees, and their Board of Education members for any decision in the selection process and/or potential participation or actual participation as a Schools of Choice child/student relative to academic achievement, co-curricular participation, student discipline related to behavior, and/or all other aspects of participation as a member of a student body.

It is further understood that Milan Area Schools does not guarantee transportation for School of Choice students.

Name of Parent(s)/Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

Email \_\_\_\_\_

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