

MILAN AREA SCHOOLS

100 Big Red Dr.

Milan, MI 48160

Phone: (734)439-5050

 NEW
 RETURNING

2022-2023

**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.

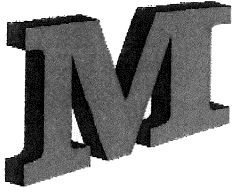
Name of Parent(s)/Guardian(s) _____

Address _____ City _____ Zip _____

Telephone Number: (Home) _____ (Work) _____ (Cell) _____

Email _____

Signature of Parent/Guardian: _____



Milan Area Schools

100 Big Red Drive, Milan, MI 48160
Phone: 734-439-5050 Fax 734-439-5083

Affirmation of Prior Discipline Record

All non-resident students requesting admittance to Milan Area Schools must complete this form. A willful false statement on this affirmation will result in a report to the appropriate authorities.

In order to process the student's enrollment, the parent or legal guardian (if the student is under 18 years of age) or student (if the student is 18 or older) must answer the questions below.

To be filled out by parent/guardian

1. Has the student been convicted of a crime, or are any felony charges pending against the student? Yes _____ No _____

If the answer is yes, please explain: _____

2. a. Has the student been expelled or received a long-term suspension (more than 10 days) from another school district?
Yes _____ No _____

b. Has the student received a short-term suspension (10 days or less) from another school district in the past two years?
Yes _____ No _____

If the answer to part (a) or (b) is yes, please explain in detail (include school name, dates and description of the incident (s) :

Student Name _____

Grade _____

Signature of Parent/Guardian _____

Date _____

To be filled out by Sending School District and returned to Milan by Sending School District ONLY

Name of Sending (current) School District: _____

Sending School – Please Check One: _____ According to our records, we can verify that the information provided above by the parent/student is correct.

_____ According to our records, the information provided above by the parent/student is not correct.

If the student has been involved in offenses resulting in suspensions involving weapons, alcohol, drugs, or willful infliction of injury to persons or an act to threats or violence against persons and/or property committed on school premises, at a school-sponsored activity, or on a public or private conveyance providing transportation to or from school or a school-sponsored activity, please forward appropriate disciplinary documentation.

Date

Signature of Sending District Administrator

Title