

Madison School District
2024-2025 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 2024-2025 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 2024: _____

2. Name _____ Grade Entering This Fall 2024: _____

3. Name _____ Grade Entering This Fall 2024: _____

*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	Approved/Denied	Principal's Signature
	____/____/2024	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	