

**Addison Community Schools**  
**2024-2025 School Year Schools of Choice Application**

A separate application for each child must be completed and returned as soon as possible, but no later than **August 29, 2024**, for first semester **January 17, 2025**, for second semester for each child seeking admission.

**I am requesting admission to Addison: Addison Elementary School (K – 5)/  
Addison Middle School (6 – 8) / Addison High School (9 – 12)      Grade: \_\_\_\_\_**

**Student Information: (Please type or print)**

Student's Name: _____	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Date of Birth: _____
Address/City/State/Zip: _____			
School district most recently attended: _____			
School district in which you live: _____			County: _____
Grade entered this fall: _____		School Building Last Attended: _____	
Is your child currently eligible for special education? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Has your child received special education programs and/or services in the past school at your current district? If yes, please describe those programs and services: _____			
Parent/Guardian Name: _____			
Address/City/State/Zip: _____			
Home Telephone: _____	Work Telephone: _____	Cell Phone: _____	

<b>Reason(s) for requesting admission under schools of choice:</b> _____	
<b>By signing this application, I authorize transfer of records and certify that:</b>	
1) I understand transportation is not provided under schools of choice;	
2) I understand athletic eligibility status is established by the Michigan High School Athletic Association;	
3) My child has never been expelled from any public or private school; If your child has been expelled, please explain: _____	
4) My child has not been suspended from any public or private school in the past two years; If your child has been suspended, please explain and list dates: _____	
5) I have accurately and completely provided all of the information requested on this application.	
_____	_____
Parent/Guardian Signature	Date
_____	_____
Student Signature (if over 18 years of age)	Date

<b>This is to advise you that your request for admission is:</b>	
_____ APPROVED	_____ Section 105
_____ DENIED	_____ Section 105C
_____ Approved PENDING written agreement between Resident District and Choice District regarding special education services.	
Choice School District Representative Signature: _____	
Superintendent of Schools	Date

**Section 105** of the State School Aid Act allows children residing within the boundaries of the Lenawee Intermediate School District to enroll in a receiving "Schools of Choice Section 105" school district.  
**Section 105c** allows children residing in districts outside of the Lenawee ISD but with contiguous borders to the LISD district to enroll in a receiving "Schools of Choice Section 105c" school district.