



Ann Arbor Public School District
2014-2015 School Year
Schools of Choice Application
For Non-Resident Students (Section 105)
Accepted March 3, 2014 through April 1, 2014

Enrollment is limited:

100 seats in Kindergarten; 100 seats in Gr 1; 25 seats each in Grades 2, 3, 4, 5; 50 seats each in Grades 6, 7 8; 150 seats each in Grades 9, 10

Please complete this application if you are a Washtenaw County Intermediate School District (ISD) resident (Chelsea, Dexter, Lincoln, Manchester, Milan, Saline, Whitmore Lake, Willow Run and Ypsilanti) not living within the Ann Arbor Public School District and would like to enroll in the Ann Arbor District for the 2014-2015 school year.

Reminder: Transportation to and from school is the responsibility of the parent/guardian. The ability of the family to transport students to arrive on time for daily instruction is an important consideration when applying for Schools of Choice.

Please print

Student's Name: _____ **Date of Birth:** _____ **Gender: M F**
(circle one)

School Currently Attending: _____ **Current Grade:** _____ **Grade in Sept. 2014:** _____

School District You Reside In: _____

Parent/Legal Guardian Name(s): _____

Address: _____ **City:** _____ **Zip:** _____

Best Phone: _____ **Cell Phone:** _____ **Email:** _____

Has this child ever been expelled from school? NO YES If yes, explain: _____
(circle one)

Has this child been suspended from school in the last two years? NO YES If yes, explain: _____
(circle one)

Does student have a sibling already attending AAPS through Schools of Choice? NO YES If yes, please provide name(s) and school(s): _____
(circle one)

SCHOOL REQUESTED: (up to 4 choices for elementary; 4 for middle school; 3 for high school)

1st Choice: _____ **3rd Choice:** _____

2nd Choice: _____ **4th Choice:** _____

By signing below, I certify that all of the information provided above is true and I acknowledge and accept the policies and requirements of the Ann Arbor Public School District Schools of Choice Section 105 program. I understand that false or incomplete information will disqualify and remove this applicant from the Ann Arbor Public School District. I give my consent to Ann Arbor Public Schools to contact my child's current school regarding his/her discipline record.

Parent/Guardian Signature: _____ **Date:** _____

Applications must be submitted during the application period. Applications will not be accepted before March 3, 2014 or after April 1, 2014. Applications mailed must be postmarked during this period. **Submit your application in person, mail or fax to:**

Ann Arbor Public Schools Department of Student Enrollment
 2555 S. State Street
 Ann Arbor, MI 48104

Fax: 734-994-2619 / Phone: 734-994-2249

You will be notified of your application status by April 15, 2014

ANN ARBOR SCHOOLS NON-DISCRIMINATION POLICY: No person shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination in any educational program or activity available in any school on the basis of race, color, sex, religion, creed, political belief, age, national origin, linguistic and language differences, sexual orientation, socio-economic status, height, weight, marital or familial status, or disability.