

MILAN AREA SCHOOLS

100 Big Red Dr.

Milan, MI 48160

Phone: (734)439-5050

2025-2026

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)

Does your child have a 504 plan in place? 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: _____