

**Muskegon Area Intermediate School District
Collaborative Schools of Choice Program
2022-23 Non-Resident Enrollment Application**

Return form to your School of Choice by:
MAISD Collaborative
Friday before Memorial Day
105C Schools of Choice
Friday after 1st Day of School

Student's Name _____ Date of Birth: _____
 Street Address: _____ Gender: Male Female
 City: _____ Zip: _____ Home Phone: _____ Cell Phone: _____
 Parent/Guardian Names: _____ Email: _____
 Street Address: _____ City: _____ Zip: _____

Resident District: _____ School Currently Attending: _____ Current Grade: _____

Choice District: _____ Grade Requesting Enrollment In: _____ Building: _____
 Full Names of Other Child(ren) Who Will Also Apply: (1) _____ (Grade) _____
 (2) _____ (Grade) _____ (3) _____ (Grade) _____
 Full Names of Other Child(ren) Attending This District: (1) _____ (Grade) _____
 (2) _____ (Grade) _____ (3) _____ (Grade) _____

To ensure continuity of service, please indicate what services are currently provided for your child:

Special Education English as a Second Language Other: _____

Has this student ever been suspended? No Yes Date: _____ District: _____
 Reason for Suspension: _____
 Has this student ever been expelled? No Yes Date: _____ District: _____
 Reason for Expulsion: _____
 Has this student ever been truant? No Yes Has attendance improved? No Yes
 Has this student ever been asked to leave a nonpublic school? No Yes Date: _____ District: _____

Please review this information and sign below:

This district does not discriminate on the basis of race, color, disability, religion, gender or national origin. The district reserves the right to limit enrollment based on capacity of buildings or programs as well as failure of applicant to meet any special requirements for entry into its buildings or programs. Enrollment may also be denied to a student who has been suspended or expelled from a previous district or to a Special Education student wishing to enroll under Section 105c Schools of Choice for whom a written cooperative agreement regarding costs cannot be obtained with their district of residence. Michigan High School Athletic Association (MHSAA) rules and regulations apply to all students participating in interscholastic athletics.

Parent/Guardian Signature (or student if 18 years old) _____ Date _____

District Use Only

<p align="center">Non Resident Category (MSDS Code)</p> <p>___ MAISD Collaborative (02) <i>Due Friday before Memorial Day</i></p> <p>___ Section 105c SOC (03) <i>Due Friday after 1st Day of School</i></p> <p>___ Resident District Release* (06)</p> <p>___ Child of District Employee (06)</p>	<p align="center">*Resident District Release</p> <p align="center">This student is released for enrollment into Choice school district.</p> <p>_____</p> <p align="center">Releasing School District</p> <p>_____</p> <p align="center">Reason for Leaving</p> <p>_____</p> <p align="center">Authorized Signature</p> <p><small>**Receiving district indicates acceptance of released student by signing the Student Enrollment Status.</small></p> <p>Date _____</p>	<p align="center">**Student Enrollment Status</p> <p>___ Student Accepted into Choice District</p> <p>Building: _____</p> <p>Grade: _____</p> <p>Notified: _____ (MAISD Collaborative due July 1)</p> <p>Superintendent: _____ (If Sec 105c Special Education Student, an agreement has been executed with the resident district.)</p> <p>___ Enrollment Denied</p> <p>Reason for Denial: _____</p>
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