

**Muskegon Area Intermediate School District  
Collaborative Schools of Choice Program  
2024-25 Non-Resident Enrollment Application**

Return form to your School of Choice by:  
MAISD Collaborative  
**May 30, 2024**  
105C Schools of Choice  
Friday after 1<sup>st</sup> 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**

**Non Resident Category  
(MSDS Code)**

\_\_\_ MAISD Collaborative (02)  
*Due Friday before Memorial Day*

\_\_\_ Section 105c SOC (03)  
*Due Friday after 1<sup>st</sup> Day of School*

\_\_\_ Resident District Release\* (06)

\_\_\_ Child of District Employee (06)

**\*Resident District Release**

This student is released for enrollment into  
Choice school district.

\_\_\_\_\_  
Releasing School District

\_\_\_\_\_  
Reason for Leaving

\_\_\_\_\_  
Authorized Signature

\*\*Receiving district indicates acceptance of released student by signing the Student Enrollment Status.

Date \_\_\_\_\_

**\*\*Student Enrollment Status**

\_\_\_ Student Accepted into Choice District

Building: \_\_\_\_\_  
 Grade: \_\_\_\_\_  
 Notified: \_\_\_\_\_ (MAISD Collaborative due July 1)

Superintendent: \_\_\_\_\_  
(If Sec 105c Special Education Student, an agreement has been executed with the resident district.)

\_\_\_ Enrollment Denied

Reason for Denial: \_\_\_\_\_