Muskegon Area Intermediate School District
Collaborative Schools of Choice Program
2025-26 Non-Resident Enrollment Application

Return form to your School of Choice by:
MAISD Collaborative
May 30, 2025
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

Non Resident Category (MSDS Code)

___ MAISD Collaborative (02)
Due Friday before Memorial Day

___ Section 105c SOC (03)
Due Friday after 1st 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: _____