



Ann Arbor Public School District

Application for

Non-Resident Child of Employee Admission

School Year 2009/2010

Please complete one form for each student. (Please Print)

Today's Date: _____

SCHOOL REQUESTED:

1st Preference: _____

2nd Preference: _____

3rd Preference: _____

Student Last Name: _____ First Name: _____

Address: _____
Street City, State, Zip

District in which you reside: _____ Grade Level Next Year (09/10): _____

Employee's Name: _____ Email: _____

Phone (h): _____ (w): _____

AAPS Position: _____ AAPS Building/Department: _____

Has this child ever been expelled from school? No _____ Yes _____ Explain _____

Has this child been suspended from school in the last two years? No _____ Yes _____ Explain _____

I understand that the district retains the right to identify schools for non-resident enrollment, including schools that my child may attend during change of level (elementary-middle-high). **If my transfer request is granted, I understand that school bus transportation is not available and agree to provide transportation for my child to and from school on a daily basis. I understand that my child must arrive and depart school during the normal hours of operation.** Please refer to Administrative Regulation 4700.R.01 or call the Department of Student Accounting at 734-994-2223 for more information.

The information I have provided on this form is complete and accurate to the best of my knowledge.

Signature: _____ Date: _____

APPLICATIONS will be accepted throughout the year.

At the end of April, all who have applied by this date will be notified. Those who apply starting in May will be notified as we receive the applications.

Please return applications to:

Student Accounting - 2555 S. State St. - Ann Arbor, MI 48104

Phone 994-2223 - FAX 994-2619 - Office hours are 8:00 a.m. - 5:00 p.m. Monday - Friday