



MADISON DISTRICT PUBLIC SCHOOLS

Serving Families One Student at a Time

26550 John R Road • Madison Heights, MI 48071 • (248) 399-7800 • Fax (248) 399-2229

Registration Check List

Student enrollments are handled at the Administration Office or at each school site. In addition to the forms included in this packet, the following documents are required for enrollment:

- _____ Two proofs of residency from the following list:
 - Valid Driver’s License/Photo I.D.
 - Recent property tax statement
 - Current lease/rental agreement/mortgage payment documentation
 - Closing statement from a recently purchased home
 - Current utility bill
 - Homeowner’s renter’s insurance statement

If you reside with a friend or relative, you must complete an affidavit and provide homeowner’s proof.

- _____ Child’s last report card. Transcript required for all high school students.

- _____ Students Discipline and/or Behavior Reports

- _____ Child’s original/certified birth certificate (or valid passport, if not born in the U.S.)

- _____ Special Services Needs / Please attach your student’s I. E. P.

- _____ Court orders or placement papers, if applicable

- _____ Immunization record – submit copy of most current record (see note below)

Please Note: For kindergarten students, you have until the first day of school to have immunizations and vision test completed. Please turn in registration papers as soon as possible, even if these records are incomplete.



District Agreement



MADISON DISTRICT PUBLIC SCHOOLS

Student Name: _____ Date of Birth: _____

Street: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Madison School: _____

Parent/Guardian Name: _____

PREAMBLE

It is a legal right of students residing with a parent or guardian within the boundaries of the Madison District to attend Madison Schools. Non-resident students may be enrolled in the Madison District Schools as guests, providing that they have not been expelled from any school district or suspended within the past two years and as guests, their enrollment should be considered as a privilege.

Students enrolled as guests of the Madison District as all students are held to high standards of behavior, attendance, and academic performance. Therefore, guest students of the Madison District are required to strictly adhere to all rules and regulations.

AGREEMENT

I desire to attend Madison District Schools as a non-resident/resident student and I understand that my enrollment depends on my willingness to attend classes regularly and on time, and on my maintaining acceptable standards of behavior. In return for permitting me to attend Madison District Schools, I agree to the following:

1. Attend classes everyday.
2. Have a parent/guardian call in to excuse me whenever I am absent from school.
3. Go to my classes on time and not be tardy.
4. Get permission from the office whenever I have to leave the school building during the school day.
5. Behave in classes and follow the rules and policies of the classroom teachers.
6. Be positive and supportive, and abide by school policies and regulations.
7. Not fight or instigate fights.
8. Make an honest effort to do my work in classes and try to get acceptable grades in all my classes.
9. Respect the rights of others.
10. Not bring to school or use prohibited substances such as tobacco, alcohol, or drugs.
11. Not bring prohibited items to school such as pagers, telephones, real or toy weapons, darts, water balloons, skate boards, roller blades, or any other banned items.
12. Follow all established rules as outlined in the Student Handbook and Code of Conduct.
13. Return all school materials given to me to use such as books, equipment, and supplies.

An administrator has discussed all of the above with me, and I understand what is expected of me in order for me to attend Madison District Schools as a non-resident student. I accept responsibility for my actions.

Student's Signature

Date

Parent/Guardian's Signature

Date

Administrator's Signature

Date

Application for Admission

Student Name: _____ Birth Date: ____/____/____
(First) (Middle) (Last) (mm/dd/yy)

Address: _____
(Address) (City) (Zip Code)

Home Phone: _____ Work Phone (Parent/Guardian): _____

Email of Parent/Guardian: _____

For sibling priority purposes, does your child have a sibling currently attending Madison District Schools under the schools of choice program? Yes No If so, what is sibling's name? _____

GRADE: PK / K / 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 / 11 / 12 - Circle One

School District of Home Address: _____

Name/Address of Current School Attended: _____

Has the student ever been expelled from school: Yes No

If yes, indicates reason and date: _____

Was the student suspended any time during the past two school years? Yes No

If yes, indicate reason(s) and date(s): _____

Does this student have any special needs? Yes No I.E.P. _____

If yes, please explain: _____

What is your child's Native Language? _____

Is the primary language in your child's home a language other than English? Yes No

If yes, what is the language? _____ Immigration date, if not born in the U.S. _____

By signing below I certify all of the information provided above to be true and correct. I acknowledge and accept the policies and stipulations of the Madison District Schools. I understand false or incomplete information will result in the removal of the applicant from Madison Schools programs.

Parent/Guardian Signature: _____ Date: _____

*Pursuant to state law, in order to enroll and/or to continue to educate a 105C Schools of Choice student who is eligible for special education programs and services, the 105C Schools of Choice district MUST have a written agreement with the resident district on the responsibility for the payment of the added costs of special education. Without such an agreement, the 105C district cannot enroll and/or continue to educate a 105C student who is eligible for special education programs and services. MCL 388.1705c(19).

Return to: Madison District Schools
Superintendent's Office
26550 John R Road
Madison Heights, MI 48071
248-399-7800 X3400 Fax 248-399-2229

In District: _____ S of C / 105: _____ *S of C 105C: _____ MVA SOARCE: _____ MHS: _____
In County In County Out of County MPHS: _____

Records Request



MADISON DISTRICT PUBLIC SCHOOLS

The student identified below is enrolling at Madison District Public Schools.
Please send all of this student's records to the school circled at the bottom of this form.

*******AUTHORIZATION FOR THE RELEASE OF INFORMATION*******

Student Name: _____

Student Date of Birth: _____ Student Current Grade: _____

NAME AND ADDRESS OF THE SCHOOL STUDENT LAST ATTENDED:

School Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Parent/Guardian Signature: _____ Date: _____

PLEASE FAX THE FOLLOWING ASAP (THEN MAIL CA60 TO SCHOOL CIRCLED BELOW)

____ Transcript ____ Immunizations ____ I.E.P. ____ Discipline Records
____ Birth Certificate ____ Withdrawal grades/or last report card ____ Test Scores

GRADES K-12 Madison SOARCE Virtual Academy 26524 John R. Road Madison Hts., MI 48071 Phone: 248-399-7800 Fax: 248-399-2229	GRADES K – 5 Madison Elementary 27107 Hales Madison Hts., MI 48071 Phone: 248-542-3414 Fax: 248-543-5466	GRADES 6 - 8 Wilkinson Middle 26524 John R Road Madison Hts., MI 48071 Phone: 248-399-0455 Fax: 248-399-1965	GRADES 9 – 12 Madison High School 915 E Eleven Mile Madison Hts., MI 48071 Phone: 248-548-1800 Fax: 248-548-9758	GRADES 9 -12 Madison Preparatory High School 25601 Couzens Madison Hts., MI 48071 Phone: 248-543-5465 Fax: 248-543-9323
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