Morenci Area Schools is a School of Choice

“One Team, One Town, One Family.” This phrase, originally painted on an MHS spirit banner, has become a motto for the entire school. MHS students love the supportive atmosphere of the school and community, knowing that “when it comes down to it, people of Morenci will do anything for each other!”

Through the years Morenci has been home to award-winning musicians, artists, scholars, and athletics. Please take the time to come and visit to see what Morenci Area Schools has to offer students from Pre-K – 12th Grade.

Morenci Area Schools offers transportation from pick-up spots within the area.

Adrian: Sand Creek Hwy at 6:50 AM
Adrian: Trailer Park on M-34 at 6:55 AM (by Vac Shop)
Adrian: Bethany Assembly of God at 7:05 AM
Adrian: Wal-Mart Parking Lot at 7:10 AM
Clayton: Clayton Bible Church at 7:00 AM
Hudson: Pick-up is at the student’s home around 7:00 AM
Waldron: Wesleyan Church at 6:50 AM

Please contact Administration at 517-458-7501 or 571-458-7502

See Morenci Area Schools of Choice Application Below.
MORENCI AREA SCHOOLS
SCHOOL OF CHOICE APPLICATION

A separate application must be completed and returned by the end of the first week of school, of the new semester for each child seeking admission. One of the following must be provided to verify residency: Mortgage Document, Property Tax Document, Rental Contract, or Utility Bill.

If you are requesting admission to Morenci Area Schools after the above stated time you must present a written release from the school you last attended:

(Please type or print)

Morenci Area Schools – Building/Grade/Special Program________________________

Student’s Name_________________________ Male Female Date of Birth_____________

Address_________________________________ Social Security #____________________

City/State/Zip___________________________ Telephone #_____________________

School district most recently attended__________________________________________

School District in which you live________________________________________________

Grade entering this fall__________ If high school, which school did you attend________

Building scheduled to attend in current district__________________________________

Special services required by student (please specify)______________________________

Parent(s)/Guardian(s) Name ___________________________________________________

Address______________________________________________________________________

City/State/Zip________________________________________________________________

Home Telephone________ Work Telephone_____________________

Reason(s) for requesting admission under School of Choice:

___________________________________________________________________________

___________________________________________________________________________

By signing this application, I authorize transfer of records and certify that:

1. I understand transportation is not provided under School of Choice.
2. I understand athletic eligibility status is established by the Michigan High School Athletic Association.
3. Has your child been suspended or expelled from any public or private school? Yes No
   If your child has been suspended or expelled, please list date(s) and give specific information:_______

4. I have not nor do I intend to apply for admission to other "Choice" programs in Lenawee County.

Parent(s)/Guardian(s) Signature ___________________________ Date ________________

Student Signature (if over 18 years of age) ___________________________ Date ________________

FOR OFFICE USE ONLY

Date Received: __________________________ This application has been □ APPROVED □ DENIED

Time Received __________________________

Received by: ___________________________ Date: ________________

Date Letter Mailed: _____________________ District Representative: _________________________