SCHOOLS OF CHOICE APPLICATION FOR HARTLAND CONSOLIDATED SCHOOLS 2019/2020 School Year

APPLICATIONS MUST BE RECEIVED NO LATER THAN AUGUST 14, 2019

STUDENT NAME				male female
	last	middle	first	
ADDRESS				
street		city		zip
DATE OF BIRTH		GRADE FOR 2019/2020		
PUBLIC SCHOOL OF	RESIDENCE		CURRENT SCH	OOL
How did you hear abou Word of Mouth Contact HCS direct	Web Site _	Radio AdN	ewspaper Ad	ply.) Billboard
Has the student ever b	een expelled from s	school? YES	NO If yes,	please explain:
Has the student been sexplain:	suspended from sch	nool in the last two ye	ears? YES1	NO If yes, please
Does the student qualif special classes and su		ial education service	s? YES NO	If yes, please list
Current sibling attendir If yes, student name ar	•			
Other siblings applying If yes, how many and v				
Siblings you may wish If yes, name and age:_		re? YES NO_		
origin, sex, height, wei required, the Hartland	ght, marital status Consolidated Schowith the resident dis	or athletic ability. <u>Hool District must be a strict if outside of the land</u>	owever, should spe ble to obtain a writt	eligion, race, color, nationa ecial education services be en agreement for services nal Service Agency in orde
under the Schools of Coutlined. In order to p Schools to receive stu	Choice program. I lorocess my student information in the contraction of the contraction o	have read the progra 's application, I given nation from my stud	am guidelines and my permission to ent's current or pro	land Consolidated Schools understand the procedures the Hartland Consolidated evious school(s) regarding hily Educational Rights and
Parent or Legal Guardi	an			
		Please pri	nt name	
Primary phone:		Secondary phone:		
Email Address:				
Signature o	f parent/legal guard	lian		 Date