SCHOOLS OF CHOICE APPLICATION FOR HARTLAND CONSOLIDATED SCHOOLS 2018/2019 School Year – Second Semester

APPLICATIONS MUST BE RECEIVED NO LATER THAN JANUARY 10, 2019

STUDENT NAME		middle	first	male	_ female
			first		
ADDRESSstre		city			zip
DATE OF BIRTH		-			P
PUBLIC SCHOOL OF R				OL	
How did you hear about Word of Mouth Contact HCS directly	Web Site	Radio AdNev	vspaper Ad	Billboard	
Has the student ever be	en expelled from s	school? YES I	NO If yes,	please expla	in:
Has the student been su explain:	uspended from sch	nool in the last two yea	rs? YES N	IO If ye	s, please
Does the student qualify special classes and sup		ial education services?	PYESNO_	If yes, j	olease list
Current sibling attending If yes, student name and					
Other siblings applying? If yes, how many and w					
Siblings you may wish to If yes, name and age:					
NOTE: Acceptance for origin, sex, height, weig required, the Hartland C including added costs, w to accept a student under	ht, marital status Consolidated Scho vith the resident dis	or athletic ability. <u>Ho</u> ol District must be abl strict if outside of the Liv	wever, should spe e to obtain a writte	cial educatio	<u>n services be</u> t for services,
Please read and sign: under the Schools of C outlined. In order to pr Schools to receive stud academic and disciplina Privacy Act.	hoice program. I rocess my student dent record inform	have read the program t's application, I give in nation from my studer	n guidelines and u ny permission to t nt's current or pre	inderstand th the Hartland evious schoo	e procedures Consolidated I(s) regarding
Parent or Legal Guardia	ın	Please prin	t name		
_					
Primary Phone		Second	lary Phone		
Email Address					