

**SCHOOLS OF CHOICE APPLICATION  
FOR HARTLAND CONSOLIDATED SCHOOLS  
2017/2018 School Year**

**APPLICATIONS MUST BE RECEIVED NO LATER THAN AUGUST 31, 2017**

STUDENT NAME \_\_\_\_\_ male \_\_\_ female \_\_\_  
last
middle
first

ADDRESS \_\_\_\_\_  
street
city
zip

DATE OF BIRTH \_\_\_\_\_ GRADE FOR 2017/2018 \_\_\_\_\_

PUBLIC SCHOOL OF RESIDENCE \_\_\_\_\_ CURRENT SCHOOL \_\_\_\_\_

How did you hear about Hartland's School of Choice program? (**Check all that apply.**)

Word of Mouth
 Web Site
 Radio Ad
 Newspaper Ad
 Billboard  
 Contact HCS directly
 Referral-friends, family, etc.
 Other \_\_\_\_\_

Has the student ever been expelled from school? YES \_\_\_ NO \_\_\_ If yes, please explain:

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Has the student been suspended from school in the last two years? YES \_\_\_ NO \_\_\_ If yes, please explain:

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Does the student qualify and receive special education services? YES \_\_\_ NO \_\_\_ If yes, please list special classes and support services:

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Current sibling attending under School of Choice? YES \_\_\_ NO \_\_\_

If yes, student name and school attending: \_\_\_\_\_

Other siblings applying? YES \_\_\_ NO \_\_\_

If yes, how many and what grades: \_\_\_\_\_

Siblings you may wish to enroll in the future? YES \_\_\_ NO \_\_\_

If yes, name and age: \_\_\_\_\_

**NOTE:** Acceptance for enrollment shall not be granted or refused based upon religion, race, color, national origin, sex, height, weight, marital status or athletic ability. However, should special education services be required, the Hartland Consolidated School District must be able to obtain a written agreement for services, including added costs, with the resident district if outside of the Livingston Educational Service Agency in order to accept a student under the School of Choice program.

**Please read and sign:** I am applying to have my son/daughter attend the Hartland Consolidated Schools under the Schools of Choice program. I have read the program guidelines and understand the procedures outlined. In order to process my student's application, I give my permission to the Hartland Consolidated Schools to receive student record information from my student's current or previous school(s) regarding academic and disciplinary records. This permission is given pursuant to the Family Educational Rights and Privacy Act.

Parent or Legal Guardian \_\_\_\_\_  
Please print name

Home phone: \_\_\_\_\_ work or cell phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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Signature of parent/legal guardian

Date