SCHOOLS OF CHOICE APPLICATION FOR HARTLAND CONSOLIDATED SCHOOLS 2016/2017 School Year – Second Semester

APPLICATIONS MUST BE RECEIVED NO LATER THAN JANUARY 6, 2017

STUDENT NAME				male female
	last	middle	first	
ADDRESS				
str	street city zip			zip
DATE OF BIRTH		GRADE FO	OR 2016/2017	
PUBLIC SCHOOL OF I	RESIDENCE		_CURRENT SCHO)OL
How did you hear abouWord of MouthContact HCS direct	Web Site _	Radio AdNe	wspaper Ad	ply.) Billboard
Has the student ever be	een expelled from s	school? YES	NO If yes,	please explain:
Has the student been s explain:	uspended from sch	nool in the last two ye	ars? YES N	NO If yes, please
Does the student qualif special classes and sup		ial education services	s? YES NO_	If yes, please list
Current sibling attendin If yes, student name an				
Other siblings applying If yes, how many and w				
Siblings you may wish to lf yes, name and age:_				
origin, sex, height, weight, the Hartland	ght, marital status Consolidated Scho with the resident	or athletic ability. <u>Ho</u> ol District must be ab district if outside of t	owever, should spe ble to obtain a writt	eligion, race, color, nationa ecial education services be en agreement for services cational Service Agency in
under the Schools of Coutlined. In order to p Schools to receive stu academic and disciplina Privacy Act.	choice program. I process my student dent record inforn ary records. This	have read the progra t's application, I give nation from my stude permission is given p	om guidelines and of my permission to ent's current or production and the Fam	land Consolidated Schools understand the procedures the Hartland Consolidated evious school(s) regarding nily Educational Rights and
Parent or Legal Guardia	an			
		Please pri	nt name	
Home phone:		work o	or cell phone:	
Email Address:				
Signature of	parent/legal guard	lian		Date
	,			