

**SCHOOLS OF CHOICE APPLICATION
FOR HARTLAND CONSOLIDATED SCHOOLS
2019/2020 School Year – Second Semester
Grades 9 through 12**

APPLICATIONS MUST BE RECEIVED NO LATER THAN DECEMBER 18, 2019

STUDENT NAME _____ male ___ female ___
last middle first

ADDRESS _____
street city zip

DATE OF BIRTH _____ GRADE _____

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 ___ Online/Social Media ___ Billboard

___ Contact HCS directly ___ Referral-friends, family, etc. ___ Other _____

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

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

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

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

Primary Phone _____ Secondary Phone _____

Email Address _____

Signature of Parent/Legal Guardian

Date