## SCHOOL OF CHOICE APPLICATION FOR HARTLAND CONSOLIDATED SCHOOLS 2019/2020 School Year – Second Semester Grades Kindergarten through 8<sup>th</sup>

## APPLICATIONS MUST BE RECEIVED NO LATER THAN JANUARY 10, 2020

STUDENT NAME				male female
	last	middle	first	
ADDRESS				
	treet	city		zip
DATE OF BIRTH		GRADE		
PUBLIC SCHOOL OF	RESIDENCE		_CURRENT SCH	100L
How did you hear aboWord of MouthContact HCS direct	Web SiteRa	adio AdOnline/	Social Media _	Billboard
Has the student ever I	peen expelled from s	chool? YES	NO If yes	s, please explain:
Has the student been explain:	suspended from sch	ool in the last two yea	rs? YES	NO If yes, please
Does the student qual special classes and su		al education services	? YESNO	If yes, please list
Current sibling attendi				
Other siblings applying If yes, how many and				
Siblings you may wish If yes, name and age:				
origin, sex, height, we required, the Hartland	eight, marital status of Consolidated School with the resident dis	or athletic ability. <u>Ho</u> of District must be abl trict if outside of the Li	wever, should sp e to obtain a writ	religion, race, color, national secial education services be ten agreement for services onal Service Agency in orde
under the Schools of outlined. In order to Schools to receive st	Choice program. I he process my student' udent record inform	nave read the program s application, I give ation from my stude	m guidelines and my permission to nt's current or p	tland Consolidated Schools understand the procedures the Hartland Consolidated revious school(s) regarding mily Educational Rights and
Parent or Legal Guard	lian			
		Please prin	t name	
Primary Phone		Second	dary Phone	
Email Address				

Date

Signature of Parent/Legal Guardian