SCHOOLS OF CHOICE APPLICATION
FOR HARTLAND CONSOLIDATED SCHOOLS
2010-2011 School Year

Applications will be accepted February 24 through August 31, 2010

STUDENT NAME _____ male ___ female___
last middle first

ADDRESS_____
street city zip

EMAIL ADDRESS_____

DATE OF BIRTH_____GRADE FOR 2010/11_____

PUBLIC SCHOOL OF RESIDENCE_____CURRENT SCHOOL_____

How did you hear about Hartland's School of Choice program? _____

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

Home phone:_____work or cell phone:_____

_____ _____
Signature of parent/legal guardian Date