APPLICATIONS MUST BE RECEIVED NO LATER THAN AUGUST 3, 2022

STUDENT NAME				_ male female
	last name	middle initial	first name	
ADDRESS				<u>-</u>
street city zip				zip
DATE OF BIRTH	GRADE FOR 2022/2023			
PUBLIC SCHOOL OF F	RESIDENCE	CL	IRRENT SCHOO	L
How did you hear abouWord of MouthContact HCS direct	Web SiteRac	lio AdOnline/S	ocial Media	Billboard
Has the student ever be	een expelled from sch	ool? YES NO_	If yes, ple	ease explain:
Has the student been s explain:	uspended from schoo	l in the last two years?	YESNO_	If yes, please
Does the student qualif special classes and sup		education services?	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 t If yes, name and age: _				
origin, sex, height, weigned, the Hartland	ght, marital status or a Consolidated School I with the resident distric	athletic ability. However District must be able to tif outside of the Living	ver, should specia o obtain a written	ion, race, color, national al education services be agreement for services, Service Agency in order
under the Schools of C outlined. In order to p Schools to receive stu	Choice program. I have process my student's a dent record informati	ve read the program g application, I give my on from my student's	uidelines and und permission to the current or previ	d Consolidated Schools derstand the procedures e Hartland Consolidated ous school(s) regarding Educational Rights and
Parent or Legal Guardia	an			
		Please print na	me	
Primary Phone	Secondary Phone			
Email Address				
Signature of	F Parant/Logal Cuardia			Date
Signature of	f Parent/Legal Guardia	li i		Dait