## SCHOOL OF CHOICE APPLICATION FOR HARTLAND CONSOLIDATED SCHOOLS 2023/2024 School Year

## APPLICATIONS MUST BE RECEIVED NO LATER THAN AUGUST 1, 2023

STUDENT NAME				_ male	female
	last name	middle initial	first name		
ADDRESS		- 1.			
St	reet	City			zip
DATE OF BIRTH		GRADE FOR 20	023/2024		
PUBLIC SCHOOL OF RESIDENCECURRENT SCHOOL					
How did you hear about Hartland's School of Choice program? ( <b>Check all that apply.</b> )Word of MouthWeb SiteRadio AdOnline/Social MediaBillboardContact HCS directlyReferral-friends, family, etcOther					
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:					
Is a sibling currently attending under School of Choice? YESNO If yes, student name and school attending: Are other siblings applying? YESNO If yes, how many and what grades:					
Are there other siblings you may wish to enroll in the future? YESNO If yes, name and age:					
<b>NOTE:</b> Acceptance for origin, sex, height, we required, the Hartland including added costs, to accept a student uncluded to accept	ight, marital status or a Consolidated School E with the resident distric	athletic ability. <u>Howeve</u> District must be able to t if outside of the Living.	er, should specia obtain a written ston Educational	<u>I educati</u> agreeme	on services be nt for services,
outlined. In order to p Schools to receive stu	Choice program. I hav process my student's a udent record information	we my son/daughter at we read the program gu application, I give my p on from my student's mission is given pursua	idelines and und permission to the current or previo	lerstand f Hartland bus scho	he procedures d Consolidated ol(s) regarding
Parent or Legal Guard	an				
		Please print nar	ne		
Primary Phone	Secondary Phone				
Email Address					