APPLICATIONS MUST BE RECEIVED NO LATER THAN AUGUST 6, 2021

STUDENT NAME				male female
	last name	first name	middle initial	
ADDRESSstr		 		
str	eet	city		zip
DATE OF BIRTH		GRADE F	FOR 2021/2022	
PUBLIC SCHOOL OF I	RESIDENCE		CURRENT SCHOO	DL
How did you hear abou Word of Mouth Contact HCS direct	Web SiteR	adio AdOn	line/Social Media	Billboard
Has the student ever be	een expelled from so	chool? YES	NO If yes, pl	ease explain:
Has the student been s explain:	uspended from scho	ool in the last two y	ears? YESNO	If yes, please
Does the student qualif special classes and sup		al education service	es? YESNO	_ If yes, please list
Current sibling attendin If yes, student name an				
Other siblings applying If yes, how many and w	? YES NO hat grades:	_		
Siblings you may wish to lf yes, name and age: _				
origin, sex, height, weight required, the Hartland	ght, marital status o Consolidated Schoo with the resident dist	r athletic ability. <u>I</u> I District must be a rict if outside of the	However, should speci able to obtain a written	lion, race, color, nationa al education services be agreement for services I Service Agency in orde
under the Schools of Coutlined. In order to p Schools to receive stu	Choice program. I herocess my student's ident record informations.	ave read the progr s application, I give ation from my stud	am guidelines and un e my permission to the dent's current or prev	nd Consolidated Schools derstand the procedures e Hartland Consolidated ous school(s) regarding r Educational Rights and
Parent or Legal Guardia	an			
		Please p	rint name	
Primary Phone	Secondary Phone			
Email Address				
Signature of	f Parent/Legal Guard	dian		Date