

Hartford Public Schools
APPLICATION FOR "SCHOOLS OF CHOICE"

115 School Street, Hartford, MI 49057

Phone: 269-621-7000 Fax: 269-621-3887

www.hpsmi.org

CHILD'S NAME _____ DATE OF BIRTH _____
FIRST MIDDLE LAST

ADDRESS _____
STREET CITY STATE ZIP

PHONE NUMBER: HOME _____ CELL _____

PARENT/GUARDIAN NAMES(S) _____ / _____
MOTHER FATHER

SCHOOL DISTRICT YOU RESIDE IN _____ GRADE FOR THIS YEAR _____

LIST ALL SCHOOLS ATTENDED:

PRESENT _____

PREVIOUS _____

Students in Grades K-5:

Has your child been suspended from school during the past one (1) year? Yes No

Students in Grades 6-12:

Has your child been suspended from school during the past two (2) years? Yes No

All Students in Grades K-12: Has your child ever been expelled from school: Yes No

Does student have a criminal record: Yes No

If YES, state offense: _____

Name of county and court which has jurisdiction: _____

Sentence: _____

Is student currently under court jurisdiction or on probation? Yes No

Is this student currently or ever been enrolled in special education classes: Yes No

NOTE: Hartford Schools is required to obtain a 105c Special Education Agreement for any Schools of Choice student that resides outside the Van Buren County area and is currently receiving special education services from their resident district. IF Hartford is unable to obtain this agreement from your child's school district, your child will not be able to attend Hartford Schools under the Schools of Choice program.

Do you have any other children enrolled in Hartford Public Schools? Yes No

Does applicant child live in the same household with any other children who attended Hartford Schools in last year? Yes No

If you check Yes, please give the other children's names and school name in spaces below.

Other Students Names

Hartford School Attended last year

Please include a copy of the latest report card or transcript with the application for students applying for grades 9-12.

This form is an **application only**. Completion of this form **DOES NOT** guarantee student will be accepted into the Schools of Choice program.

Transportation to and from school is the responsibility of the parent/guardian. Students late to school will be considered tardy and no early releases will be allowed for transportation.

If any of the information provided on this form is found not to be accurate, acceptance of this application is voidable at the option of Hartford Public Schools.

Release of Information

I give permission to _____ School District and the
(Applicants Current School District)

_____ School District to release any information
(Applicants Previous School District – if different from above)

requested to Hartford Public Schools for _____
(Applicants Name)

(Parent Signature)

(Date)

Return the completed application and requested documentation to:

Hartford Public Schools
115 School Street
Hartford, MI 49057
Fax: 269-621-3887

SCHOOL USE ONLY

Date Application Received: _____

Date Notification sent to parents _____

Date Request is: Granted _____

Denied _____