

ESSEXVILLE-HAMPTON PUBLIC SCHOOLS

SCHOOLS OF CHOICE APPLICATION FORM – 2015-2016 SCHOOL YEAR – **SECOND SEMESTER**

303 Pine Street, Essexville, MI 48732 * Telephone: (989) 894-9700 * FAX: (989) 894-9705 * www.e-hps.net

Applying for: ___ Y-5 ___ K ___ Elementary (Grades 1-4) ___ Middle School (Grades 5-8) ___ High School (9-12)

Student Name _____ (Male / Female) Street Address _____

City/State/Zip Code _____ Birth Date _____

School district and name of school last attended _____

Grade placement for 2015-16 _____ School district in which you live (home district) _____

Parent(s)/Guardian(s) Name _____ Home Phone _____ Work/Cell Phone(s) _____

E-Mail Address(es) _____ Fax _____

Has your child been suspended or expelled for any reason during the last two years? ___ Yes ___ No If yes, please explain: _____

Does your child require special considerations from your current school district or any that the Essexville-Hampton school district should be aware of ? _____
If yes, please explain (attach additional information if necessary): _____

Does your child currently receive special education services? If yes, please describe and attach a copy of his/her current IEPC: _____

Failure to attach a copy of the IEPC will result in the application being determined as incomplete.

List how many days your child was absent from school during the last year (approximately): _____ **Please attach a copy of the student's most recent report card.**

If you have any other children enrolled in our school district or are submitting an application for another child, please list name and grade: _____

By signing below, I acknowledge and accept the policies and regulations regarding the Essexville-Hampton Public Schools' *Schools of Choice* program. I understand that if I provide any false information, my application will be voided and removed from consideration or if placement has already been made, my child may be removed from that placement. All incomplete applications will be removed from consideration.

Parent/Guardian Signature _____ Date _____

Student Signature (if over 16) _____ Date _____

For district use only: Approved: ___ Yes ___ No	_____	_____	_____
	Admin./Principal Initials	Building	___ New student to the district ___ Currently enrolled student

The Essexville-Hampton Board of Education complies with all federal and state laws and regulations prohibiting discrimination and with all requirements and regulations of the United States Department of Education and the Michigan State Department of Education. It is the policy of the Essexville-Hampton Public Schools that no person - on the basis of sex, race, color, religion, national origin or ancestry, age, marital status, or handicap - shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination in any program, employment practice, or activity for which it is responsible or for which it receives financial assistance from the United States Department of Education or the Michigan State Department of Education.