

# ESSEXVILLE-HAMPTON PUBLIC SCHOOLS

## SCHOOLS OF CHOICE APPLICATION FORM – 2017-2018 SCHOOL YEAR

303 Pine Street, Essexville, MI 48732 \* Telephone: (989) 894-9700 \* FAX: (989) 894-9705 \* [www.e-hps.net](http://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 2017-18 \_\_\_\_\_ 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: \_\_\_\_\_

How did you hear about us?  Mlive  Website/Facebook  Movie Theater  Focus Newsletter  Bush Fun Fair  Friend/Family  Other \_\_\_\_\_

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 \_\_\_\_\_

<b>For district use only:</b> ___ New student to the district	<b>Approved by Principal:</b> _____	<b>Principal's Initials</b> _____	<b>Received at Admin.</b>
___ Currently enrolled student	___ Yes ___ No	<b>Building</b> _____	<b>Building</b> _____

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.