

ESSEXVILLE-HAMPTON PUBLIC SCHOOLS
SCHOOLS OF CHOICE APPLICATION FORM – 2018-2019 SCHOOL YEAR

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

Applying for: _____ **Y-5/Kdg.** _____ **Elementary (Grades 1-4)** _____ **Middle School (Grades 5-8)** _____ **High School (9-12)**

Student Full Name _____ Male or Female: _____ Birth Date _____

Street Address _____ City/State/Zip Code _____

District & Name of School Last Attended _____

(Students entering 10th – 12th grade MUST submit their transcript for potential scheduling purposes.)

Grade Placement for 2018-19 _____ School District in which you live (Home District) _____

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

E-Mail Address(es) _____

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 incomplete.

Number of days absent during the last school year (approx.): _____ ***(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(s) and grade(s): _____

How did you hear about us? Mlive Website/Facebook Focus Newsletter Friend/Family Other (explain) _____

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. *This form must be completed in its entirety. All incomplete applications will be removed from consideration.*****

Parent/Guardian Signature _____ Date _____

Student Signature (if over 16) _____ Date _____

For District Use Only	New / Current	Approved by Principal (Y/N): _____	Principal's Initials: _____	Received at Admin. (Date): _____
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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.