

HURON COUNTY PUBLIC SCHOOLS
SCHOOLS OF CHOICE APPLICATION

This Schools of Choice Application must accompany the Student Enrollment Form

STUDENT'S LEGAL NAME: _____ **DATE OF BIRTH:** _____
First Name Middle Initial Last Name **GRADE APPLYING FOR:** _____

APPLICATION

Complete one application for each student. Kindergarten – 12th grade students in Huron ISD and bordering ISDs may apply to attend other participating public school districts in these ISDs. This application form must be completed and sent to **EPBP Laker Schools, 6136 Pigeon Road, Pigeon MI 48755** Phone **(989) 453-4600**. Applicants will be notified of approval or disapproval.

Admission may only be available to a student applicant for a specific grade, school, and/or special program which has been specifically identified as open for enrollment by the Board of Education. Admission is subject to the terms and conditions of the policies, rules, and regulations of the Board of Education, its administrators, this Application, and applicable Michigan Law.

SUSPENDED / EXPELLED STUDENTS

Our School District may refuse to enroll a nonresident applicant if:

- The applicant is, or has been within the preceding 2 years, suspended from another school.
- The applicant has at any time been expelled from another school
- The applicant has at any time been convicted of a felony

SECTION 105C SPECIAL NEEDS STUDENTS

Applicants under section 105C (crossing ISD boundaries) with special needs will not be approved until the resident district enters into a cooperative agreement as mandated.

TRANSPORTATION

The School District is not required to provide transportation for a nonresident pupil who becomes enrolled through the Schools of Choice program or for a resident pupil enrolled in another school district through a Schools of Choice program (except as may be required by federal law).

INFORMED CONSENT

I understand that the Student Applicant must meet the same criteria, other than residence, which an applicant who is a resident of the school district must meet for enrollment in a grade, specialized, magnet or intra-district choice school or special program to which admission is requested for this Student Applicant. I understand that the School District may refuse to admit the Student Applicant if the program is not age appropriate for the age of the applicant. I state and declare that all of the information provided in the Application is accurate and true.

I understand that if any of the above information which I have provided is inaccurate, a misrepresentation or otherwise incomplete in any way, that this Application for admission to **EPBP Laker Schools** may be rejected. I also understand that submission of the Application to **EPBP Laker Schools** does NOT guarantee or assure that admission and enrollment will be granted. I understand that I may be required to complete an Authorization To Release Information to the **EPBP Laker Schools** as part of enrollment.

Signature of Parent/Guardian

Date

RECEIVING INFORMATION *(To be completed by a school district official)*

Date Application Received: _____ **Signature of School Official:** _____

APPLICATION STATUS: **Approved** **Disapproved**

Signature of School Official

Date

Huron County
Student Enrollment Application

Directions for Applicants: Please complete all sections.

SCHOOL DISTRICT: _____

STUDENT DEMOGRAPHIC INFORMATION

STUDENT'S LEGAL NAME: _____ CURRENT GRADE: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____ GENDER: MALE FEMALE

HOME PHONE: _____ CELL PHONE: _____ STUDENT'S CELL #: _____

ADDRESS: _____

SCHOOL STUDENT IS CURRENTLY ATTENDING (OR LAST ATTENDED): _____

HOME LANGUAGE: Is your child's native tongue other than English? Yes No If yes, what language? _____
Is the primary language used in your child's home or environment a language other than English? Yes No
If yes, what language? _____ Immigration Date, if not born in U.S.: _____

ETHNICITY: Is this student Hispanic/Latino? (Choose only one)
 No, not Hispanic/Latino
 Yes, Hispanic/Latino – (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)

RACE: (use percentages to rank ethnic groups in order)
The question above is about ethnicity, not race. No matter what you selected, please continue to answer the following by marking one or more boxes to indicate what you consider your student's race to be.
 American Indian/Alaska Native Asian American
 Native Hawaiian/Pacific Islander Black/African American
 White

RESIDENCY INFORMATION

RESIDENT DISTRICT: _____ COUNTY OF RESIDENCE: _____

*If student is not a resident of the district, please complete a Schools of Choice Application.

Where is the student living now? (Please check one)
 in a one-family dwelling with more than one family in a house or apartment
 with friends/family members (other than parent/guardian)
 in a car in a trailer park or campsite
 in a shelter in a motel or hotel awaiting foster care placement
 Other – please explain: _____

**Please note: If you are living in any of the above situations, you may qualify for McKinney-Vento Services.*

Does living arrangement checked above result from loss of housing or economic hardship? Yes No Unsure

The student lives with 1 parent 2 parents 1 parent & another adult
 a relative, friend(s), or other adult(s) alone with no adults
 an adult who is not the parent or the legal guardian

With whom does child reside (names and relationship): _____

SPECIAL EDUCATION INFORMATION

Is this student eligible for special education? Yes No
If yes, please check the programs/services this student has received:
 Special Education Classroom Occupational Therapy
 Teacher Consultant Services Physical Therapy
 Speech and Language Therapy School Social Work Services

SECTION 504 INFORMATION

Does student have a disability requiring a Section 504 Plan? Yes No

SUSPENSION/EXPULSION INFORMATION

SUSPENSION: Has this student been suspended from any school at any location for any reason at any time during the preceding two years? Yes No

If yes, please complete the following information regarding the suspension of the student:

Name of school district where student was suspended: _____
Grade and level (elementary/middle/high) of school building where suspension occurred: _____
Name of building administrator involved with the suspension: _____
Length and date(s) of suspension: _____
Specific conduct for which student was suspended: _____

If the student had more than one suspension, please attach additional sheets to respond to the above questions for each incident.

EXPULSION: Has this student ever been expelled from school? Yes No

If yes, please complete the following information regarding the expulsion of the student:

Name of school district where student was expelled: _____
Grade and level (elementary/middle/high) of school building where expulsion occurred: _____
Name of building administrator involved with the suspension: _____
Length and date(s) of expulsion: _____
Specific conduct for which student was expelled: _____

If the student had more than one expulsion, please attach additional sheets to respond to the above questions for each incident.

PARENT/GUARDIAN INFORMATION

MOTHER/LEGAL GUARDIAN'S NAME: _____

RELATIONSHIP TO STUDENT: Father Mother Step-parent Guardian Other (please describe; attach relevant documents)

ADDRESS (street, city, and zip code, include P.O. Box, if applicable): _____

HOME PHONE: _____ **CELL PHONE:** _____

EMAIL ADDRESS: _____

EMPLOYER: _____ **WORK PHONE:** _____

FATHER/LEGAL GUARDIAN'S NAME: _____

RELATIONSHIP TO STUDENT: Father Mother Step-parent Guardian Other (please describe; attach relevant documents)

ADDRESS (street, city, and zip code, include P.O. Box, if applicable): _____

HOME PHONE: _____ **CELL PHONE:** _____

EMAIL ADDRESS: _____

EMPLOYER: _____ **WORK PHONE:** _____

OTHER CHILDREN IN FAMILY:

NAME: _____ **DATE OF BIRTH:** _____ **GENDER:** MALE FEMALE

NAME: _____ **DATE OF BIRTH:** _____ **GENDER:** MALE FEMALE

NAME: _____ **DATE OF BIRTH:** _____ **GENDER:** MALE FEMALE

NAME: _____ **DATE OF BIRTH:** _____ **GENDER:** MALE FEMALE

NAME: _____ **DATE OF BIRTH:** _____ **GENDER:** MALE FEMALE

SIGNATURE OF APPLICANT

GRADE LEVEL REQUESTED (example: 5th, 8th, 12th): _____

DATE: _____

APPLICANT'S SIGNATURE (PARENT, GUARDIAN, OR STUDENT, IF OVER 18)