

**HURON COUNTY PUBLIC SCHOOLS
ELKTON-PIGEON-BAY PORT LAKER SCHOOLS
SCHOOLS OF CHOICE**

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 the school district at the following address: **6136 Pigeon Road, Pigeon MI 48755**, Phone Number: 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, 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 the Elkton-Pigeon-Bay Port Laker School District may be rejected. I also understand that submission of the Application to the Elkton-Pigeon-Bay Port Laker School District 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 Elkton-Pigeon-Bay Port Laker School District as part of enrollment.

Signature of Parent/Guardian

Date

APPLICATION STATUS=

Approved

Disapproved

Signature of School Official

Date

Huron County
Elkton-Pigeon-Bay Port Laker Schools
APPLICATION FOR PARTICIPATION IN SCHOOL OF CHOICE PROGRAM

Directions for Applicants: Please complete all sections highlighted in yellow.

STUDENT INFORMATION

STUDENT APPLICANT NAME: _____ **DATE OF BIRTH:** _____
ADDRESS (include street, box and city): _____
THIS ADDRESS IS LOCATED IN THE FOLLOWING SCHOOL DISTRICT: _____
SCHOOL STUDENT IS CURRENTLY ATTENDING (OR LAST ATTENDED): _____

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

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 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

NAME OF PARENT/GUARDIAN SUBMITTING APPLICATION: _____
RELATIONSHIP TO STUDENT: Father Mother Step-parent Guardian Other (please describe; attach relevant documents)
ADDRESS (include street, box and city): _____
HOME PHONE: _____ **WORK PHONE:** _____

SIGNATURE OF APPLICANT

REASON FOR SCHOOLS OF CHOICE REQUEST: _____

**SIGNATURE OF PARENT/GUARDIAN/
STUDENT APPLICANT IF 18 OR OVER:** _____ **DATE:** _____

RECEIVING INFORMATION (to be completed by the school district)

Date Application Received: _____ **Signature:** _____
Application is: Approved Disapproved

Parent: If approved, please contact the following building for enrollment processing (if not previously enrolled), offices are open 2 weeks after school ends in June and 2 weeks before school opens in August): _____