

**HURON ISD 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 – 12<sup>th</sup> 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: 2927 Crockard Rd, Bad Axe MI 48413 , Phone Number: 989.269.7772  
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 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 Church School District may be rejected. I also understand that submission of the Application to the Church 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 Church School District 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