



# Huron School District

32044 Huron River Dr. New Boston, MI 48164 P: (734)-782-2441

## School of Choice Application

Student's Incoming 2019-2020 Grade:  Kindergarten  1st  2nd  3rd  4th  5th  6th  7th  8th  9th  10th  11th  12th

Student's Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone number: \_\_\_\_\_

Parent/Guardian to contact regarding this application: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

School Previously Attended: \_\_\_\_\_ City: \_\_\_\_\_

Does the student have a sibling currently enrolled in Huron Schools?  Yes  No \_\_\_\_\_ Sibling Name

Has the student ever been suspended and/or expelled from school?  Yes  No

If yes, indicate the reason for the suspension and/or expulsion: \_\_\_\_\_ Number of days suspended: \_\_\_\_\_

**PLEASE NOTE THAT FOR GRADES 6-12 THE ATTACHED AFFIRMATION OF PRIOR DISCIPLINE MUST BE COMPLETED OR THE APPLICATION WILL BE DEEMED INCOMPLETE AND DISQUALIFIED**

### School of Choice Information

1. If the number of applications for a specific grade level or program exceeds the number of available spaces, applicants will be selected through a lottery process.
2. There will be no tuition or other enrollment costs associated with SOC students attending HSD other than those costs that are expected of all students attending HSD.
3. SOC students are expected to adhere to all rules and regulations, the Student Code of Conduct, and policies of HSD. In addition, they must comply with all SOC legislative rules and regulations.
4. Students who have been expelled from any school district and/or school, public or private, are not eligible for enrollment in HSD.
5. The Huron School District will not provide transportation for School of Choice students.
6. School of Choice students who are determined to be eligible for special education programming will be subject to the same placement procedures as resident District students and may be placed in appropriate programs outside the Huron School District in accordance with the Special Education cooperative agreement. **If the applying student has an IEP, it must be attached to the application.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Application Received By \_\_\_\_\_ Date \_\_\_\_\_

As the parent/guardian of the applicant, the under signed hereby understands and agrees to abide by the information set forth in this application. Any false or incomplete information provided may disqualify my application for a school of choice vacancy in the Huron School District.

- Completed Application
- Report Card w/Grades & Attendance and or Transcripts
- Completed Affirmation of Prior Discipline History



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## Affirmation of Prior Discipline History

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

*A willful false statement of this affirmation will result in a report to the appropriate authorities and automatic disqualification.*

Please select an option below, and then sign and date the statement.

- I affirm that \_\_\_\_\_ *has not been suspended or expelled* from any public or private school in Michigan or any other state.
- I affirm that \_\_\_\_\_ *has been suspended or expelled* from a public or private school in Michigan or other state. If checked, please attach an explanation of the circumstances. Include school name, and how many days suspended or the date of the expulsion.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Previous School District Use- Must be complete for incoming grades 6-12.**

School/District: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax or Email: \_\_\_\_\_

The above named student has requested enrollment in Huron School District. Please fill out and sign this form regarding the above named student.

\_\_\_\_\_ No record of suspension or expulsion from this school district

\_\_\_\_\_ Expelled    Date of expulsion/violation \_\_\_\_\_

\_\_\_\_\_ Suspended    Date of expulsion/violation \_\_\_\_\_

\_\_\_\_\_  
School Official Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date