

2017-2018 School of Choice Application

Student Name:	
Grade Applying For: K,	8,□9,□10,□11,□12.
Preferred Elementary:(Not Guaranteed)	Siblings Attending Huron Schools : □ Yes □ No Siblings Name:
Address:	City:
Zip Code: Resident School Distric	xt:
Parent/Guardian Full Name:	
Contact No:	
With whom does the student reside?	
deemed incomplete and not accepted)	rom school? Yes No Yes No The application will be Principal Name:
If yes, indicate the reason or suspension/expulsio	n:
	Date(s) of suspension/expulsion:
=	Choice program, in the event that the number of applicants for a ted openings, a lottery will be held to determine which
	nere to all rules, regulations and policies of the District; with book, code of conduct and dress code. Students will also be the School of Choice legislation.
are determined to be eligible for special educatio procedures as resident District students and may	ation to School of Choice students. School of Choice students who in programming, will be subject to the same placement be placed in appropriate programs outside the Huron School cooperative agreement. (If the applying student has an IEPC, it
	dersigned hereby understands and agrees to abide by the see or incomplete information provided may disqualify my e Huron School District.
Signature of Parent/Guardian	Date

Completed applications and affirmation of prior discipline must be received no later than 4:00 p.m. May 19, 2017 at the Board of Education office, 32044 Huron River Drive, New Boston, MI 48164.