

IOSCO REGIONAL EDUCATIONAL SERVICE AGENCY HALE AREA SCHOOLS

200 W. Main Street, Hale, MI 48739

Schools of Choice – Open Enrollment Program (K-12)

APPLICATION FOR ENROLLMENT ~ 2010-11 SCHOOL YEAR

General information: Kindergarten through twelfth grade students residing in a local district within Iosco RESA may apply to attend any other local public school district. Please complete one application for each student applying.

Section 1: *To be completed by the student's parent or guardian.*

Student Name: _____ Parent/Guardian Name: _____
Student Address: _____ Address: _____
Gender: _____ Telephone: _____
Birth Date: _____ Fax: _____

Resident District of Student: _____/Township _____/County _____
District/Building Currently Attending: _____
District/Building Name of Requested Enrollment (Choice): _____
Grade Next Year (*please circle*): K 1 2 3 4 5 6 7 8 9 10 11 12
Special Services Required by Student: _____

Has this child been suspended/expelled? _____ If so, when/why? _____

By signing below, I acknowledge and accept the policies and regulations of the Iosco Regional Education Services Agency Schools of Choice program and certify that all information is true and accurate.

Signature of Parent/Guardian

Date of Signature

Section 2: *To be completed by choice school district.*

I recommend the above listed student is accepted for enrollment under the Schools of Choice program.

Signature of Building Principal

Date of Signature

Date of Receipt of Application: _____
District Name: HALE AREA SCHOOLS
Contact Person: Rhonda Provoast
Contact Person's Title: Superintendent of Schools
Telephone No./Fax No.: 989.728.7661 ~ 989.728.2406

Following review of this application for enrollment, and with consideration given to the policies and rules applicable to the IRESA Schools of Choice – Open Enrollment Program, and to the criteria of the district which has been developed for approval of applications for enrollment is hereby:

Approved **Disapproved** (*must complete one box below*)
 Lack of space within school *Lack of space within program* *Lack of space within district*

Signature of Superintendent

Date of Signature