2012/13 APPLICATION TO ATTEND
SOUTH HAVEN PUBLIC SCHOOLS
"SCHOOLS OF CHOICE"
Section 105 and Section 105c of State School Aid Act

RETURN APPLICATION TO THE SCHOOL OF CHOICE COORDINATOR
554 Green Street, SOUTH HAVEN, MI 49090

Name and grade of child requesting to be enrolled:

Name: _____Date of Birth: _____Grade level for 2012-13: _____

Name: _____Date of Birth: _____Grade level for 2012-13: _____

List siblings already attending S.H.P.S. under Schools of Choice

Name: _____ Grade level for 2012-13: _____

Name: _____ Grade level for 2012-13: _____

Name of Parent/Legal Guardian: _____

Address of child and parent: _____

City: _____ Zip Code: _____

Phone No. (Home) _____ (Work) _____

Name of applicant's resident school district: _____

Name of applicant's present school: _____

Has any child on this application ever been expelled from school? Yes __ No __

Has any child on this application been suspended from school in the past 2 years?
Yes __ No __

If you answered yes to either question, please name child _____

Refusals: Enrollment is subject to the inspection of student records from the previous district of attendance. A student may be refused admission to S.H.P.S. who has been suspended from another district within the previous two years or has ever been expelled from another district.

Nondiscrimination: The following factors will not be considered in the acceptance or denial of a nonresident student: intellectual, academic, artistic, or other ability, mental or physical disability, age, religion, race, color, national origin, sex, height, weight, marital status, athletic ability, or in violation of any state or federal law prohibiting discrimination.

Release of Records: Parents making application agree to sign a request for records. Records received by the district will be returned to the resident district if the child is not accepted for enrollment.

Mark only if you live *outside* the Van Buren Intermediate School District:
Has the child you are enrolling been determined for Special Education Services?
Yes ____ No ____

Statement of Assurance: I hereby certify that the information provided in this application is true and correct and that any falsification or misrepresentation will result in the application being rendered null and void.

Transportation: Transportation will not be provided by the district from outside district boundaries. Transportation within the district may be provided under conditions established by the district. Applications for transportation and/or special request for transportation shall be made with the Transportation Supervisor.

_____ _____
(Parent/Guardian Signature) (Date)

Please mark "yes" or "no".

Is your student (or students) already attending South Haven Public Schools and you have moved out of district? _____ Yes _____ No

For Office Use:

Date application received:_____
Student currently attending and moved out of district _____
Enrolled: _____
Denied: _____ Reason for denial
_____

SOUTH HAVEN PUBLIC SCHOOLS
"SCHOOLS OF CHOICE"
AUTHORIZATION TO RELEASE INFORMATION

COMPLETE ONLY IF YOUR CHILD IS NOT ALREADY ATTENDING SOUTH HAVEN PUBLIC SCHOOLS

I give my permission to the _____ School District to release
(former school)
information regarding suspension and/or expulsion of the student(s) listed below to South Haven Public Schools.

Name of former school: _____

Address: _____

City: _____State: _____Zip: _____

Name of Student: _____
Date of Birth: _____
Grade 2012-13: _____

Name of Student: _____
Date of Birth: _____
Grade 2012-13: _____

_____ _____
(Parent/Guardian Signature) (Date)

To be completed by former school district:

Has this student been suspended from school during the past 2 years or ever expelled from school? _____ yes _____ no

Return this form to: School of Choice Coordinator
South Haven Public Schools
554 Green St.
South Haven, MI 49090