



School Year: \_\_\_\_\_

### HOUGHTON LAKE COMMUNITY SCHOOLS

#### School of Choice Application

\_\_\_\_\_ Section 105 – student residing in a school district within the COOR ISD

OR

\_\_\_\_\_ Section 105(c) – Student residing in a school district outside the COOR ISD

Please consider this request to have my child(ren) attend the Houghton Lake Community Schools under the School of Choice option.

- Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Entering Grade: \_\_\_\_\_
- Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Entering Grade: \_\_\_\_\_
- Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Child(rens) current school district: \_\_\_\_\_

Has your child(ren) been suspended in the last 2 years? Yes No List name of student, school and reason: \_\_\_\_\_

Has your child(ren) ever been expelled? Yes No List name of student, school and reason: \_\_\_\_\_

Does your child(ren) have an IEP? Yes No If yes, please provide name & explain: \_\_\_\_\_

Does your child(ren) have a 504 Plan? Yes No If yes, please provide name & explain: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Parent's Email: \_\_\_\_\_

Reason for Parent/Guardian requesting transfer to a different school district: \_\_\_\_\_

I understand that enrollment requests are subject to space availability as determined by the Superintendent and that transportation to the Houghton Lake Community School District is not provided. Parents must make arrangements to get their child(ren) either directly to school or to the nearest Houghton Lake Community Schools bus stop.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved or Denied If denied, please state reason: \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*This portion is required if application is requested outside of the scheduled Schools of Choice open enrollment.**

**SUPERINTENDENT RELEASE REQUIRED FROM DISTRICT OF RESIDENCE:**

Approved or Denied If denied, please state reason: \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return via fax or mail to: Houghton Lake Community Schools, Administrative Center  
6001 W. Houghton Lake Drive  
Houghton Lake, MI 48629

PARENT/GUARDIAN NOTIFIED: \_\_\_\_\_ EMPLOYEE INITIALS: \_\_\_\_\_  
TYPE OF NOTIFICATION: Phone \_\_\_\_\_ Email \_\_\_\_\_ Postal Mail \_\_\_\_\_ DATE: \_\_\_\_\_