



School Year: _____

HOUGHTON LAKE COMMUNITY SCHOOLS School of Choice Application

Please check one of the boxes below:

_____ 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 attend the Houghton Lake Community Schools under the School of Choice option.

Name of Student _____ Date of Birth _____ Entering Grade _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

School District in which you reside _____ Are any siblings currently enrolling in Houghton Lake Community Schools? Yes No If yes, _____
(Name) (Grade) (Name) (Grade)

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

Has this student ever been suspended or expelled? Yes No (please circle one) If yes, reason and date of occurrence: _____

Does the student have an IEP? Yes No (please circle one) If yes, please explain: _____

Does the student have a 504 Plan? Yes No (please circle one) If yes, please explain: _____

Parent/Guardian Name(s) _____ Parent's Email Address _____

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

Parent/Guardian Signature _____ Date _____

Administrator Comments _____

Administrator's Signature _____ Date _____

Approved or **Denied** (please circle one) If denied, please state reason: _____

Superintendent's Signature _____ Date _____

PARENT/GUARDIAN NOTIFIED: _____ EMPLOYEE INITIALS: _____

TYPE OF NOTIFICATION: Phone _____ Email _____ Postal Mail _____ DATE: _____