



Non-Resident School Of Choice Application

PLEASE PRINT

Student Name: _____ Birth date: _____

Address: _____ City/State/Zip: _____

Phone: _____ School Year: _____ Grade: _____ School District in which You live: _____

Have you been suspended from another school within the last 2 school years? ___ Yes ___ No

Have you ever been expelled from another school? ___ Yes ___ No

Does the student qualify and/or receive special education services? ___ Yes ___ No

How did you hear about Howell's School of Choice Program?: _____

Why did you decide to have your child attend Howell Public Schools?: _____

Parent/Guardian Name: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Other Phone (work, cell, etc.): _____

By signing below, I acknowledge that I understand the rules, regulations, grading system, and graduating requirements Howell Public Schools; I agree to provide a birth certificate and Immunization records to the Howell Public Schools at the time of registration. Any misleading or incorrect information provided on this form will void this application.

Parent(s)/Guardian(s) Signature: _____ Date _____

Student (if over 18) Signature: _____ Date _____

No person on the basis of race, color, national origin, gender, age, disability, religion, height, weight, or marital status, shall be discriminated against in our schools' program, services, and activities. If you feel you have been discriminated against, please contact the Civil Rights Coordinator in your district.