

HOUGHTON LAKE COMMUNITY SCHOOLS

School of Choice Vacancies

Persons interested in having their children attend Houghton Lake Community Schools for the 2018-2019 school year should obtain a Schools of Choice Application via the district website at www.hlcsk12.net on the main page or at the District's Administrative Center located at 6001 W. Houghton Lake Dr., Houghton Lake, MI 48629. You may mail the application or fax it to 989-422-6606.

To be considered, applications will be accepted starting on August 9, 2018 and must be received by **12:00 p.m. on Friday, September 7, 2018**. The district currently has unlimited availability in all grade levels.

Transportation to the school district is not provided. Parents must make arrangements to get their children either directly to school or to the nearest Houghton Lake Community Schools bus stop. Any transportation inquiries can be directed to Bob Bryant @ (989) 366-2029.

Any questions, please contact Dana Reilly @ (989) 366-2056.



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: _____
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- 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
(989) 422-6606 - Fax, (989) 366-2056 - Phone

PARENT/GUARDIAN NOTIFIED:
TYPE OF NOTIFICATION: Phone

_____ Email _____ Postal Mail _____

EMPLOYEE INITIALS:

DATE: _____