HOWELL PUBLIC SCHOOLS
Non-Resident Schools of Choice Application

PLEASE PRINT

Student Name_____ Birth date_____

Address_____ Phone_____

City/State/Zip_____ 2016-17 Grade_____

School District in Which You Live_____

Are you currently attending a ☐ Public or ☐ Private School? Name of Schools_____

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

Have you even 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_____

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: X_____ Date_____

Student (if over 18) Signature_____ Date_____

FOR SCHOOL USE ONLY

Howell Public Schools Representative 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.