

# Allegan Area Section 105(c) Schools of Choice Application 2024-2025 School Year

(State Code 03)

Please complete one application for each child.

**District of Choice:** HOPKINS PUBLIC SCHOOLS

School Building Requesting:  High School  Middle School  Hopkins Elementary  Sycamore Elementary

Please tell us why you have chosen Hopkins Public Schools as your School of Choice: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Male  Female Grade (2024-2025): \_\_\_\_\_ District in Which You Live: \_\_\_\_\_

District Attended 2023-2024 School Year: \_\_\_\_\_

Has this student been suspended within the past two years, or **ever** expelled from school?  No  Yes. If yes, please explain (use additional pages if necessary): \_\_\_\_\_

Does this student have a sibling/member of the same household currently attending the requested district?  No  Yes. If yes, please provide name of student(s): \_\_\_\_\_

Has this student received special education services or have a 504 plan in place?  No  Yes. If yes, please explain briefly and **provide a copy of the 504 plan or most recent IEP (Review of the IEP is required prior to approval of this application)**: \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**By signing below, I acknowledge that I understand the rules, regulations, grading system, transportation expectations and graduation requirements of my Choice School District; I agree to abide by the School of Choice District's requirements; and I agree to provide a birth certificate and immunization records to the School of Choice at the time of registration. Any misleading or incorrect information provided on this form will void this application.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student (if over 18) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## For Choice School Use Only

- Applicant Accepted for Enrollment – contacted family (attach copy of "Notification of Acceptance" letter.)  
 Applicant NOT Accepted for Enrollment – Contacted family (attach copy of "Notification of Non-Acceptance" letter.)

Authorizing Signature (Building or Principal): \_\_\_\_\_ Date: \_\_\_\_\_

USE THIS FORM IF YOU ARE APPLYING FOR SCHOOL OF CHOICE AS A RESIDENT OF A DISTRICT THAT IS CONTIGUOUS TO THE ALLEGAN AREA ESA (such as Byron Center, Caledonia, Thornapple Kellogg, Hudsonville, Hamilton, etc.) .

Return completed form to: Superintendent, Hopkins Public Schools, 400 Clark Street, Hopkins, MI, 49328

Questions? Please call (269) 793-7261