

Allegan Area Section 105(c) Schools of Choice Application 2025-2026 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 (2025-2026): _____ District in Which You Live: _____

District Attended 2024-2025 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