

# Allegan Area Count Program Application 2024-2025 School Year

Return completed form to your Choice School  
Superintendent's Office

If you have questions, please contact your  
Choice School Superintendent's Office (see  
next page for contact info)

Please complete one application for each child.

(State Code 06)

## 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): \_\_\_\_\_

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.)

Choice School's Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Allegan Area Count Program

For more information, contact one of the following participating districts:

## Allegan Public Schools

James Antoine, Superintendent, 550 Fifth Street, Allegan, MI 49010  
Phone: (269) 673-5431 Fax: (269) 673-5463

## Fennville Public Schools

Jim Greydanus, Superintendent, 5 Memorial Drive, Fennville, MI 49408  
Phone: (269) 722-3350 Fax: (269) 722-3351

## Glenn Public School

Jamie Walle, Superintendent, 1394 Adams, P.O. Box 69, Glenn, MI 49416  
Phone: (269) 227-3411 Fax: (269) 227-5375

## Hopkins Public Schools

Scott VanBonn, Superintendent, 400 Clark Street, Hopkins, MI 49328  
Phone: (269) 793-7261 Fax: (269) 557-7919

## Martin Public Schools

Samantha Ball, Superintendent, 1556 Chalmers Street, Martin, MI 49070  
Phone: (269) 442-0500 Fax: (269) 442-0501

## Otsego Public Schools

Jeff Haase, Superintendent, 400 Sherwood Street, Otsego, MI 49078  
Phone: (269) 694-7900 Fax: (269) 694-7999

## Plainwell Community Schools

Matt Montange, Superintendent, 600 School Drive, Plainwell, MI 49080  
Phone: (269) 685-5823 Fax: (269) 685-1108

## Wayland Union Schools

Tim Reeves, Superintendent, 850 East Superior Street, Wayland, MI 49348  
Phone: (269) 792-2181 Fax: (269) 792-1615

## Allegan Area Educational Service Agency

Bill Brown, Superintendent, 310 Thomas Street, Allegan, MI 49010  
Phone: (269) 512-7700 Fax: (269) 512-7702