

HILLSDALE COMMUNITY SCHOOLS

**SCHOOLS OF CHOICE
APPLICATION FOR PARTICIPATION**

Date of Application: _____

Resident School District: _____

School District Requested: _____

Name & Grade of Student(s):

<u>Name</u>	<u>Grade</u>	<u>Birthdate</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REASON(s) for parent(s) desire(s) for child/student to be a participant of the "Open Enrollment" Program:

HOLD HARMLESS CLAUSE:

The parent(s) making application for their child/student to be a Hillsdale County K-12 Public Schools "Open Enrollment" program for the current school year agree to hold harmless each Hillsdale County K-12 public school district, their employees, and their Board of Education members for any decision in the selection process and/or potential participation or actual participation as an "Open Enrollment" program for the current school year child/student relative to academic achievement, co-curricular participation, student discipline related to behavior, and/or all other aspects of participation as a member of a student body.

Name of Applicant Child/Student Parent(s) _____

Address of Applicant Child/Student Parent(s) _____

Telephone Number of Applicant Child/Student Parent(s) _____

Signature of Applicant Child/Student Parent(s) _____

RETURN TO: Central Office
Hillsdale Community Schools
30 S. Norwood Avenue
Hillsdale, MI 49242

Questions: (517) 437-4401
Fax: (517) 439-4194