



# Hazel Park School District

Focusing on the Future

*Amy Kruppe, Ed.D.*

*Superintendent*

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## Ford Administration

1620 E. Elza, Hazel Park, MI 48030 • Phone 248-658-5200 | Fax 248-544-5443

## Hazel Park Schools

### SCHOOL OF CHOICE APPLICATION PROCESS

2018-2019

#### Kindergarten

1. Complete the **Pre-enrollment** form on Hazel Park Schools District website.
2. Complete a School of Choice Application for each student in your household. Submit to Enrollment Office in person or by fax (248) 542-0242.
3. You will be notified by email or phone call when the application is approved.
4. You may enroll your student once the application is approved.

#### Grades 1-12

1. Complete the **Pre-enrollment** form on Hazel Park Schools District website.
2. Complete a School of Choice Application, Affirmation of Prior Discipline Record, Request for Student Discipline Records, and Request for Special Education Records for each student in your household. Submit to the Superintendent of Schools in person or by fax (248) 542-0242 .
3. Once we receive your completed application materials, we will fax the Request for Student Discipline Records to the school(s) the student attended during the prior two years.
4. The Superintendent will review the student's discipline records upon receipt from the prior school and will either approve or deny the application. **This could take some time, as there is often a delay in receiving discipline records. Applications will not be considered until discipline records are received and reviewed.**
5. Please note that Hazel Park Schools reserves the right to deny access to a student who receives special education services and resides outside Oakland County Schools if mutual agreement cannot be reached with the student's home district/ISD related to responsibility for added costs.
6. You will be notified when your application is approved or denied. Denial would be based on past discipline. Denial of the application may also occur if we are unable to reach a mutual agreement with the student's home district/ISD related to responsibility for added costs for special education services (if applicable).
7. You may enroll your student once the application is approved.



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## School of Choice Application 2018-2019

The Hazel Park School Schools Board of Education has opened its doors to all students residing in Oakland County and all contiguous counties. Completed application forms and requested documentation must be returned to the Superintendent's Office by September, 2018. A separate application form **MUST** be completed for EACH student desiring to attend Hazel Park Schools under the Schools of Choice Aid Act of 1996, P.A. 300, Sections 105 and 105c.

Student Name: \_\_\_\_\_ Student Date of Birth: \_\_\_\_\_  
*Last First Initial*

Permanent Address for Student: \_\_\_\_\_  
*Number Street City Zip*

Phone: \_\_\_\_\_ Grade Entering: \_\_\_\_\_  
*Home Cell* *Note for High School: Credit requirements for grade level must meet Hazel Park Schools policies.*

District in which you reside: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
*Last First*

Parent/Legal Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
*Last First*

Email Address: \_\_\_\_\_

List Previous Schools attended with current/most recent first (attach an additional sheet if necessary):

<i>Name of School</i>	<i>City, State</i>	<i>Dates Attended</i>	<i>Reason for Leaving</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please complete the following:

- Has the student ever been expelled from another school? If yes, please explain:  Yes  No  
\_\_\_\_\_
- Has the student been suspended from another school during the preceding two (2) school years?  Yes  No  
If yes, please explain:  
\_\_\_\_\_
- Has the student been truant or had attendance problems at another school during the preceding two (2) school years?  Yes  No  
If yes, please explain:  
\_\_\_\_\_

# School of Choice Application 2018-2019

4. It is understood that the student may be athletically ineligible for one (1) full semester according to M.H.S.A.A. rules.  Yes  No

5. Was the student previously enrolled in Hazel Park Schools? If yes, when?  Yes  No

6. Has the student received special education services at any time? If so, please list service(s) and a copy of the most recent IEP. (Please note that Hazel Park Schools reserves the right to deny access to a student residing outside the Oakland Schools District boundaries if mutual agreement cannot be reached with the student's home district/ISD related to responsibility for added costs.)  Yes  No

**Note: This agreement must be reached prior to enrollment.**

7. It is understood that transportation is not provided?  Yes  No

8. It is understood that the student will adhere to the attendance policies that are written in the student handbooks/Board Policies and that tardies/absences will not be excused because of lack of transportation or weather conditions.  Yes  No

*As the parent(s)/legal guardian making application for Schools of Choice under State Aid Act of 1996, P.A. 300, Sections 105 and 105c, my/our signature(s) on this application signifies my/our understanding and agreement to the Schools of Choice language and guidelines and to all rules and regulations of student handbooks. It is also understood that if Hazel Park Schools finds any information that is incorrect or falsified on this application, including affirmation of prior discipline records, this would immediately terminate enrollment of the student on this form. My/our signature(s) holds harmless the Hazel Park School District, their employees, and Board of Education members for any decisions made relative to the Schools of Choice language and guidelines. It also grants Hazel Park School District permission to contact current and previous districts to obtain school records for my/our student, including discipline records.*

**NOTE:** Hazel Park School District will accept non-resident students without regard to intellect, academics, artistic, athletic, or other ability or talent, mental or physical disability, religion, race, color, national origin, sex, height, weight, or marital status.

**Hazel Park Schools reserves the right to deny access to a student residing outside the Oakland Schools District boundaries if mutual agreement cannot be reached with the student's home district/ISD related to responsibility for added costs.) This agreement must be reached prior to enrollment.**

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

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

- The following items MUST be submitted in order to complete your application process:
- School of Choice Application
  - Affirmation of Prior Discipline Records
  - Request / Release for Student Discipline Records
  - Report Cards (Grades 1-8) Transcripts (Grades 9-12)
  - Most recent IEP
  - Request / Release for Special Education Records

Please return this application and requested documents to :

Dr. Amy Kruppe  
1620 E. Elza  
Hazel Park, MI 48030  
FAX: (248) 542-0242

**OFFICE USE ONLY:** Application Received: \_\_\_\_\_ Discipline Release FAXed: \_\_\_\_\_  
 Special Education Agreement Faxed: \_\_\_\_\_  
 Resident District:  Accepted 105/105c Agreement  Denied 105/105c Agreement  
 Request is:  Granted  Denied By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Date Notification Provided to Parent/Guardian: \_\_\_\_\_ Name of School Entering: \_\_\_\_\_



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### Affirmation of Prior Discipline

Student Name: \_\_\_\_\_

Previous School District: \_\_\_\_\_

Building: \_\_\_\_\_

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

1 . The undersigned affirms that the student **has not been** suspended or expelled from any public or private school in Michigan or any other state, for an offense involving weapons, alcohol, drugs, or for the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school-sponsored activity, or on a public or private conveyance providing transportation to and from school or school-sponsored activity.

2 . The undersigned affirms that the student **has been** suspended or expelled from any public or private school in Michigan or any other state, for an offense involving weapons, alcohol, drugs, or for the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school-sponsored activity, or on a public or private conveyance providing transportation to and from school or school-sponsored activity.

If box number two (2) has been checked, please explain in detail below:

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



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### Request for Student Discipline Records

Student Name: \_\_\_\_\_

Previous School District: \_\_\_\_\_

Building: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone/Fax: \_\_\_\_\_

The above named student has applied to attend Hazel Park Schools under the Schools of Choice program. Please fax the student's discipline file for the last two school years. If there is no discipline on file, please indicate on the bottom of this form and please fax it back to (248) 542-0242.

Acceptance is contingent upon further review of the student's discipline file. ONLY discipline is needed at this time. If accepted as a school of choice student, additional records will be requested.

**Parent / Guardian Authorization:**

I authorize the release of all discipline records for the above named student to Hazel Park School District.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Discipline records are attached.  
*Student Name*

\_\_\_\_\_ has no discipline records for the past two (2) school years.  
*Student Name*

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Print*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature*

School District: \_\_\_\_\_