

**2019-2020 Hudson Area Schools**  
***Schools of Choice Program Application***

1. <b>Student's Name:</b> _____ Date of Birth: _____	Male <input type="checkbox"/> Female <input type="checkbox"/> 2019-2020 Grade: _____
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2. <b>Student's Name:</b> _____ Date of Birth: _____	Male <input type="checkbox"/> Female <input type="checkbox"/> 2019-2020 Grade: _____
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3. <b>Student's Name:</b> _____ Date of Birth: _____	Male <input type="checkbox"/> Female <input type="checkbox"/> 2019-2020 Grade: _____
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<b>Parent/Guardian Name(s):</b> _____		
<b>Address:</b> _____ <b>City/State/Zip:</b> _____		
_____	_____	_____
<i>Primary Telephone</i>	<i>Secondary Telephone</i>	<i>Parent's Email Address</i>
<b>School district student most recently attended:</b> _____ <b>District you live in:</b> _____		
<b>Name and age of sibling(s) not yet school age:</b> _____		
<b>Reason(s) for requesting admission under "Schools of Choice" (Always attended Hudson and moved, course offerings, etc.):</b> _____		

**By signing this application, I certify that:**

- I understand transportation **is not** provided under "Schools of Choice",
- I understand athletic eligibility status is established by the Michigan High School Athletic Association,
- If I fail to disclose expulsion or suspension information it may result in review/reversal of acceptance.

**Has your child ever been suspended and/or expelled from school in the last 2 school years?**    No                       Yes

**Reason:** \_\_\_\_\_

<b>I certify the information submitted is true and accurate to the best of my knowledge. By signing below, I acknowledge that I understand and accept the policies and regulations of the Schools of Choice program.</b>
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\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Student Signature (if 18 years of age or older)*

\_\_\_\_\_  
*Date*

The Board of Education of the Hudson Area School District complies with all federal and state laws and regulations prohibiting discrimination and with all requirements and regulations of the United States Department of Education and the Michigan State Department of Education. It is also the policy of the Hudson Area School District that no person on the basis of sex, race, color, religion, national origin or ancestry, age, marital status, limited English, or handicap shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination in any program, employment practice, or activity for which they are responsible or for which they receive financial assistance from the United States Department of Education or the Michigan State Department of Education.

<b>For Office Use Only:</b> _____ <i>Date</i> <i>Time</i> <i>Signature</i>	<b>Approved:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
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<p><b>Click "submit" or return completed applications to: Hudson Area Schools, Board of Education Office 781 N. Maple Grove Ave., Hudson, MI 49247</b></p> <p><b><i>Applicants will receive notification after the application is processed.</i></b></p>
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