

Submit Application to **Grand Haven Area Public Schools**  
1415 S Beechtree St., Grand Haven, MI 49417  
Attention: Joyce Moore Fax: 616-850-5195

*For Office Use Only*

Date Received: .....

**Approved** enrollment to GHAPS:  
School: \_\_\_\_\_  
Grade: \_\_\_\_\_

**Denied**  
for the following reason:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
GHAPS Authorized Signature  
\_\_\_\_\_  
Resident District's Authorized Signature

**Student's Name:** \_\_\_\_\_

Birthdate: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Parent(s)/Guardian(s):** \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

This request is a:  **Renewal**  **New Applicant**

Home District (district in which you presently live): \_\_\_\_\_

Grade: (2006/07 school year) \_\_\_\_\_ Desired date of transfer: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

*To ensure continuity of service, please indicate what services are currently provided for your child:*

*OPTIONAL -*

<input type="checkbox"/> <b>Special Education</b>	<input type="checkbox"/> <b>Gifted/Talented</b>	<input type="checkbox"/> <b>Remedial Help</b>	<input type="checkbox"/> <b>ESL</b>	<input type="checkbox"/> <b>Other:</b>
Special Education Director Signature: _____				

*Please indicate if this student has been:*

<input type="checkbox"/> <b>Suspended</b>	District: _____	Date/Reason: _____
<input type="checkbox"/> <b>Expelled</b>	District: _____	Date/Reason: _____
<input type="checkbox"/> <b>Truant</b>	District: _____	Date/Reason: _____

Are any of the applicant's siblings enrolled in this district? Yes  No   
(If yes, who? \_\_\_\_\_)

**Does the student have one parent residing in the Grand Haven Area Public School district? Yes  No**

*Please read and sign:*

This district does not discriminate on the basis of race, color, disability, religion, gender, or national origin. The district reserves the right to limit enrollment based on capacity of buildings or programs as well as failure of the applicant to meet any special requirements for entry into its buildings or programs. Enrollment may also be denied to a student who has been suspended, expelled, or truant from this district or any other, or for other reasons as determined by the district.

I understand the above limitations and certify that the information provided on this application is true and complete to the best of my knowledge. I understand that I must apply annually for a Schools of Choice placement and provide timely transportation for my child/children to and from school.

Parent/Guardian Signature (or student, if over 18) \_\_\_\_\_ Date: \_\_\_\_\_