



Non-Resident Enrollment Application 2007-08

For Office Use Only

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

- OAISD Choice Program (06)
- Section 105c Choice Program (03)
- Resident Release (06)
- Special Ed Cooperative Agreement (06)
- Special Ed Center Program (06)
- Child of District Employee (06)
- Inter-District Split Student (06)

Student's Name:

Birthdate:

Street Address:

City, State, Zip:

Phone:

Parent(s)/Guardian(s):

Street Address:

City, State, Zip:

Phone:

Email:

Approved enrollment to GHAPS:

School: _____

Grade: _____

Denied for the following reason:

 GHAPS Authorized Signature

 Resident District's Authorized Signature

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

Home District (district in which you presently live):

Grade: (2007/08 school year)

Desired date of transfer:

Reason for Request:

To ensure continuity of service, please indicate below services currently provided for your child. PLEASE NOTE - if your child is a 105c Special Ed student (students who reside in Allegan, Kent or Muskegon County), a Cooperative Ed Agreement must be signed by your resident district in order to enroll your child in a choice district.

OPTIONAL:

- | | | | | |
|---|---|---|-------------------------------------|--|
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Gifted/Talented | <input type="checkbox"/> Remedial Help | <input type="checkbox"/> ESL | <input type="checkbox"/> Other: |
|---|---|---|-------------------------------------|--|

Special Education Director Signature: _____

Please indicate if this student has been:

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