

**APPLICATION FOR PARTICIPATION**  
**HILLSDALE COUNTY K-12 PUBLIC SCHOOLS'**  
**"SCHOOLS OF CHOICE"**

Date of Application: \_\_\_\_\_

\_\_\_\_\_  
Name of School District Residence of Applicant

Pittsford Area Schools  
\_\_\_\_\_  
Name of School District Requested by Parents  
Of Applicant Child/Student to Attend

\_\_\_\_\_  
Name and Grade of Applicant Child/Student

\_\_\_\_\_  
Date of Birth of Applicant Child/Student

\_\_\_\_\_  
Name and Grade of Applicant Child/Student

\_\_\_\_\_  
Date of Birth of Applicant Child/Student

\_\_\_\_\_  
Name and Grade of Applicant Child/Student

\_\_\_\_\_  
Date of Birth of Applicant Child/Student

\_\_\_\_\_  
Name and Grade of Applicant Child/Student

\_\_\_\_\_  
Date of Birth of Applicant Child/Student

REASON(S) for Parent(s) Desire(s) for Child/Student to be a Participant of the Schools of Choice Program:

\_\_\_\_\_  
\_\_\_\_\_

**HOLD HARMLESS CLAUSE:**

The parent(s) making application for their child/student to be a Hillsdale County K-12 Public Schools' of Choice Program 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 a Schools of Choice Program 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)** \_\_\_\_\_

It is the policy of the Pittsford Area Schools District that no discriminatory practices based on sex, race, color, national origin, religion, height, weight, marital status, handicap, age, political affiliation, sexual orientation or disability or any other status covered by federal, state or local law be allowed in providing instructional opportunities, programs, services, job placement assistance, employment or in policies governing student conduct and attendance. Any person suspecting a discriminatory practice should contact the Superintendent's Office at Pittsford Area Schools, 9304 Hamilton St., Pittsford, Michigan 49271 or call (517) 523-3481.

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Pittsford Area Schools  
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Name and Grade of Applicant Child/Student

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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) \_\_\_\_\_

**RELEASE AND APPROVAL**

Signature of Resident District Superintendent \_\_\_\_\_

Release Approved  Release Denied  Date \_\_\_\_\_

Signature of Enrolling District Superintendent \_\_\_\_\_

Enrollee Approved  Enrollee Denied  Date \_\_\_\_\_

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