



**Hartford Public Schools**  
**Section 105 and 105c: Schools of Choice**  
**Program Application**



Please complete the information below (a separate application is required for each student):

Student name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home address: \_\_\_\_\_

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

School District in which you live: \_\_\_\_\_ Current grade: \_\_\_\_\_

Are you currently attending school  Public or  Private? School name: \_\_\_\_\_

Have you been suspended from any school in the last two school years?  Yes  No

Have you ever been expelled from school?  Yes  No

Have you ever been excluded from a school?  Yes  No

Parent/Guardian Name: \_\_\_\_\_

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

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

Main Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Siblings: Name	Current School	Current grade	Age
_____	_____	_____	_____
_____	_____	_____	_____

By signing below, I agree to abide by the School District of Choice requirements; and I agree to provide a birth certificate and immunization records to the School of Choice at the time of registration. **Any misleading or incorrect information provided on this form will void this application.**

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

Student signature (if over 16 years old): \_\_\_\_\_ Date: \_\_\_\_\_

**RECORDS RELEASE FORM**

In compliance with the Family Educational Rights and Privacy Act of 1974, I hereby permit \_\_\_\_\_  
(Current School)

to release the records or copy of \_\_\_\_\_ to \_\_\_\_\_  
(Student) (Choice School)

Student's Birthdate: \_\_\_\_\_ Date: \_\_\_\_\_ Parent/Guardian Signature: **X** \_\_\_\_\_

Are Special Education services required?  Yes  No

*If yes, please attach a copy of the current Individual Education Plan (I.E.P).*

Because student records are necessary in program planning, we ask that you include any special help information (psychological, placement in remedial or accelerated programs, etc.). We thank you in advance for your prompt response.

**For Choice School Use Only**

Applicant Accepted for Enrollment—Family Contacted

Applicant Not Accepted for Enrollment—Family Contacted

Principal Approval Signature: \_\_\_\_\_

Choice School's Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit application no later than 3:00 p.m., May 28, 2026 to the address below:**