



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: _____

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: