



Hastings Area School System 2026-2027

Application for Schools of Choice

April 20, 2026 — August 21, 2026

Instructions - One application for each student, to be completed by the child's parent or legal guardian. The completed application must be returned to the Hastings Area School System, Office of the Superintendent, located at 232 West Grand Street, Hastings, Michigan 49058, emailed to kikki.hawthorne@hassk12.org, or faxed to 269-948-4425. Questions regarding this form may be directed to Kikki Hawthorne (269) 945-6130.

Student's Name (Last, First, Middle)	Date of Birth	Female Male	Grade in Fall 2026
Student's Address	City		Zip Code
Student's Resident School District	Specific Name of Current/Most Recent School Attended		
Parent/Guardian Name (Last, First, Middle Initial)		Telephone Number	
Parent/Guardian Address	City		Zip Code

Special Education services required? Yes No	If yes, please explain:
Has the student ever been expelled from school? Yes No	If yes, please explain:
Has the student ever been suspended from school in the past two years? Yes No	If yes, please explain:

By signing below I agree to hold harmless each participating school district, their employees and their Board of Education members for any decision in the selection process, potential or actual participation as a Section 105 or Section 105c Schools of Choice student relative to academic achievement, co-curricular participation, student discipline related to behavior and all other aspects of participation as a member of a student body.

It is further understood that transportation for non-resident students will be the responsibility of the parent/guardian. I also consent to have all student record information (including academic and behavioral records) released to the Hastings Area School System from the school district previously attended.

I further understand that incomplete, false or misleading information will render this application null and void and may result in the removal of the student from the Schools of Choice Program and the Hastings Area School System.

Signature of Parent/Guardian Date:

For Office Use Only

Date verification sent: _____ **HASS Staff Member requesting information:** _____

Date application received: _____ **Approved:** _____ **Denied:** _____ **Applicant/Parent Notified on:**