



Handley School

Program for the Creative and Academically Talented

2006 - 2007 APPLICATION FOR ADMISSION

3021 Court Street • Saginaw, MI 48602 • Phone 989-399-4250 • Fax 989-399-4255 • www.spsd.net/handley

Date Received:	By:
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Dear Handley School Applicant:

Thank you for considering **Handley School, Program for the Creative and Academically Talented**, for the 2006-2007 academic year. Handley School is committed to the development of students who achieve academically in an accelerated and creative program.

Application Directions:

1. Complete application. *(This form is also available for download at the Handley website at www.spsd.net/handley)*
2. Return completed application along with current report card to: **Handley School.**

Last Name		First Name		Initial	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address					<input type="checkbox"/> Female
City	State	Zip Code	Phone		
School District of Residence <i>(This is not a factor affecting admission)</i>			Child's City of Birth		
Present School				Current Grade Level	
Date of Birth	Name of Parent or Guardian			Email Address <i>(Parent)</i>	

Has your child ever attended Handley? Yes No If yes, when? _____

Have you previously applied to Handley for this child or any other children? Yes No
If yes, child's name _____ Year applied _____

Are there existing conditions and/or special needs for your child which should be considered in processing this application?
 Yes No If yes, please explain. _____

Notice to all applicants:

- All sections of this application must be completed before **any** consideration can be given. Factors that weigh in acceptance include: past academic record, attendance and citizenship.
- In addition, **all** applicants will be required to take an appropriate form of intelligence and achievement tests. Kindergarten and first grade applicants will be tested one-on-one by the school psychologist. All other grade levels will be administered appropriate grade level tests in small groups.
- **A \$25 fee is due at time of testing. Make checks payable to Handley School.**

Parent/Guardian Signature _____	Date _____
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NON-DISCRIMINATORY POLICY

It is the policy of the Board of Education and the School District not to unlawfully discriminate on the basis of handicap, race, religion, national origin, sex, age, marital status, height or weight. The District reaffirms its policy to comply with Title VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Elliott-Larsen Civil Rights Act, the Michigan Handicappers' Civil Rights Act, the Americans With Disabilities Act of 1990, and all other applicable Federal and State laws and regulations prohibiting discrimination.

OFFICE USE ONLY			OBTAINED	MATRIX
<input type="checkbox"/> Granted <input type="checkbox"/> Denied Reason _____ Reviewed _____ Date _____	V			
<input type="checkbox"/> New Student <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Testing Fee <input type="checkbox"/> Report Card <input type="checkbox"/> Copy of Utility Bill <i>(for auditing purposes)</i> Cash _____ <input type="checkbox"/> Immunization Record <input type="checkbox"/> School of Choice Form Check _____	P			
	RC			
	MCA			
	TC			