



## HOLLY AREA SCHOOLS

### APPLICATION FOR ENROLLMENT FOR NON-RESIDENT STUDENTS 2016-2017

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City and Zip \_\_\_\_\_

Grade \_\_\_\_\_ District of Residence \_\_\_\_\_ Phone \_\_\_\_\_

Parents Name \_\_\_\_\_ Address (if different) \_\_\_\_\_

School District Student Attended in 2015-2016

School Building Student was enrolled in 15-16

Grade Level in 2015-2016

# of Credits Earned (High School Only)

Is Student receiving Special Education Services? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the student applying for admission been suspended or expelled in the past 2 years? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, Date and reason; \_\_\_\_\_

Please explain why you would like to have your child enrolled in Holly Area Schools. \_\_\_\_\_

**NOTE: TRANSPORTATION IS THE RESPONSIBILITY OF THE PARENT/NOT HOLLY AREA SCHOOLS.**

Please return this form with one proof of residency to:

Holly Area Schools

920 Baird St.

Holly, MI 48442 Attn: Ann Fischer

Phone – 248-328-3106

Fax – 248-328-3145

"I hereby authorize my resident school district to send my child's student records and transcripts, including behavior reports to the district to which I am applying to as a School of Choice." Do NOT send CA-60 at this time.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*\*Please note: Students who have been expelled or suspended may be refused admission.**