



**HOLLY AREA SCHOOLS  
SCHOOL OF CHOICE  
TRANSCRIPT/DISCIPLINE RECORD REQUEST**

**PREVIOUS SCHOOL:** \_\_\_\_\_

**PREVIOUS DISTRICT:** \_\_\_\_\_

**SCHOOL ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**DATE OF REQUEST:** \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

The above named student has applied to Holly Area Schools as a school of choice student. Please forward the student's transcript and discipline record to us. This information is needed to help in making the decision to enroll the student.

**Please Forward:**

**Transcript and Discipline Record**

**Please check if student is receiving Special Education Services:** \_\_\_\_\_

**Fax to:**

**Holly Area Schools  
Ann Fischer  
Pupil Services  
248.328.3145**

Complete records will be requested after acceptance and the enrollment process is complete.

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**Signature of Parent/Guardian**

**Date**