



HOLLY AREA SCHOOLS

APPLICATION FOR ENROLLMENT FOR NON-RESIDENT STUDENTS 2017-2018

Student Name _____ Birth Date _____

Address _____ City and Zip _____

Grade _____ District of Residence _____ Phone _____

Parents Name _____ Address (if different) _____

School District Student Attended in 2016-2017

School Building Student was enrolled in 16-17

Grade Level in 2016-2017

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 RESPONSIBILTY 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.**