



**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.

Signature of Parent/Guardian

Date