



HOLLY AREA SCHOOLS
APPLICATION FOR ENROLLMENT FOR NON-RESIDENT STUDENTS
2016-2017 2nd Trimester

Student Name _____ Birth Date _____
Address _____ City and Zip _____
Grade _____ District of Residence _____ Phone _____
Parents Name _____ Address (if different) _____

School District Student Attended in 2016-17 _____ School District Student Attended 1st Tri 16-17 _____
Grade Level in 2016-2017 _____ # of Credits earned to date. (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.**