Holly Area Schools

Application for Enrollment for Non-Resident Students 2020-2021
Applications Accepted May 1, 2020 - Aug 21, 2020

Student Name ____________________________________________________ Birth Date __________________________

Address________________________________________________ City and Zip______________________________

Grade _________ District of Residence _____________________________ Phone ______________________________

Parents Name ____________________________________________

Address (if different) ______________________________________________________________________________

School District Student Attended in 2019-2020 __________________________________________________________________

School Building Student was enrolled in 2019-2020 __________________________________________________________________

Grade Level in 2019-2020 __________________________________________________________________

# 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 and not Holly Area Schools

Please return this form (no later than Aug. 21, 2020) with one proof of residency to:
Holly Area Schools, 920 Baird Street, Holly, MI 48442 Attn: Ann Fischer
Phone: 248.328.3106 Fax: 248.328.3145 Email: ann.fischer@hask12.org

“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 and Date

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