



## STUDENT RELEASE FROM ENROLLMENT

Date: \_\_\_\_\_

To: Superintendent  
Howell Public Schools  
411 N. Highlander Way  
Howell, MI 48843

Fax: (517) 548 - 6229

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Please be advised, we have received a request from \_\_\_\_\_  
(Name of Parent(s))  
to enroll the below referenced student(s) into the \_\_\_\_\_ School District as of the  
following date: \_\_\_\_\_.

In accordance with the State Aid Act, approval from the student's District of Residence is required in order to complete enrollment. Please indicate your approval/ disapproval and return this form to:

\_\_\_\_\_ School District

\_\_\_\_\_

\_\_\_\_\_

**Student(s):** \_\_\_\_\_

Last name, First name

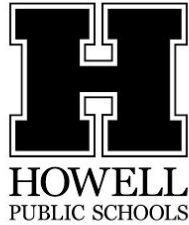
\_\_\_\_\_

Last name, First name

**Residence Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



This application qualifies under the following school district tuition provisions or in compliance with HPS Policy/ Administrative Guideline # 5111 (attach documentation):

- Constructing a home in the \_\_\_\_\_ school district.
  - Purchasing a home in the \_\_\_\_\_ school district.
  - Student(s) completing senior high school education (grade 12).
  - Parent is an employee of the \_\_\_\_\_ school district.
  - Other (per # 5111). Please provide details: \_\_\_\_\_
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Transportation of the student(s) to and from school shall be the sole responsibility of the student's parents/ legal guardians.

\_\_\_\_\_  
**Parent(s) Name(s)**

\_\_\_\_\_  
**Parent(s) Signature(s)**

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**Date:** \_\_\_\_\_

**School Official Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Approved**

**Denied**