HOWELL PUBLIC SCHOOLS
STUDENT RELEASE FROM ENROLLMENT

Date: _____

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

Fax: (517) 548-6229

Please be advised, we have received a request from _____ to enroll
Name of Parent(s)
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: _____
_____

Transportation of the student to and from school shall be the sole responsibility of the student's parents/legal guardians.

_____ _____
Parent(s) Name **Parent(s) Signature**

Date: _____ **School Official Signature**: _____
Title: _____

____**Approved** _____**Denied**