



Application for Enrollment of Child(ren) for Parents or Legal Guardians
Residing with a Fitzgerald Public Schools District Resident

APPLICATION

- 1. Names of Parents / Legal Guardians:
2. Current District Address: (STREET ADDRESS) (CITY / STATE / ZIP)
3. Name(s) of child or children you are seeking to enroll: Name: Date of Birth:
4. The above child(ren) last attended school in grade at (NAME OF SCHOOL) (CITY / STATE)
5. Please indicate how long you will be living with the district resident:
6. Why are you residing with a Fitzgerald Public School District resident (give reasons):

Parent / Legal Guardian further states that they have come, on a temporary basis, to live in the Fitzgerald Public School District, City of Warren, in good faith, for the purpose of acquiring a suitable home and not for the purpose of obtaining school privileges.

The undersigned will notify the Superintendent of Fitzgerald Public Schools, or his/her designee, immediately when he/she and child(ren) move from the address stated in this application.

WARNING
Falsification of information contained in this application will immediately void such agreement and result in said child(ren) being dropped from enrollment, and subject the undersigned to TUITION CHARGES, at established school district rates for the period of time that the child(ren) was(were) enrolled in Fitzgerald Public Schools, while not a resident.

Signature of Parent / Legal Guardian:

Subscribed and sworn to before me on this day of , A.D., 20 .

Signature:

Printed Name:

Notary Public, State of Michigan, County of Maccomb.

My Commission Expires:

NOTICE OF DISCRIMINATION

Fitzgerald Public School District does not discriminate on the basis of gender, race, color, national origin or ancestry, creed, political affiliation or beliefs, religion, age, height, weight, marital status, disability, or any other condition covered by law with respect to the district educational programs, services, activities, and employment.



Consent Agreement Between Fitzgerald Public School District Resident and Parent / Guardian of School Age Child(ren)

AFFIDAVIT OF RESIDENT

The undersigned Fitzgerald Public Schools school district resident does hereby acknowledge that he/she has read the attached application and confirms that:

Name of Parent / Legal Guardian and Name(s) of Children

are temporary residents of his/her home within the school district of Fitzgerald Public Schools, for the purpose of acquiring a suitable home and not for the purpose of obtaining school privileges. Further, has presented proof of his/her residency as required by the district Central Enrollment Office.

The undersigned will notify the Superintendent of the Fitzgerald Public Schools, or his/her designee, immediately when parent/guardian and child(ren) move from the residence.

Current District Address: (STREET ADDRESS) (CITY / STATE / ZIP)

WARNING
Falsification of information contained in this application will immediately void such agreement and result in said child(ren) being dropped from enrollment, and subject the undersigned to TUITION CHARGES, at established school district rates for the period of time that the child(ren) was(were) enrolled in Fitzgerald Public Schools, while not a resident.

The undersigned being first duly sworn, deposes and states that the information set forth herein is true to the best of his/her knowledge, information and belief.

Signature of Fitzgerald District Resident Relationship to Family

Subscribed and sworn to before me on this day of, A.D., 20

Signature:

Printed Name:

Notary Public, State of Michigan, County of Maccomb.

My Commission Expires:

For Office Use Only:

- Resident Proof of Residency
Parent / Guardian Proof of Residency

Comments: