



## Morrice Area Schools

Rob Pouch

Superintendent

111 E. Mason St. Morrice, MI 48857

517-625-3142 fax 517-625-3866

### Application to Enroll as Nonresident Student

Student's Name:	Birth date:
Grade Level:	School District of Residence (Currently Attending):
Reason(s) why you desire your child to attend Morrice Area Schools:	

Does your student receive special education service? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has your student ever been suspended or expelled from school? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_.

#### Waiver and Release

I agree to waive, discharge and release any claim, demand or cause of action against the local school district board of education, individual board members and employees related in any way to:

1. This application of enrollment or a determination to accept or deny this application for enrollment as a nonresident student.
2. My child(ren)'s academic achievement or co-curricular participation in the event my child is enrolled as a nonresident student; and
3. The discipline of my child related to his/her behavior in the event my child is enrolled as a nonresident.

Print Name of Parent/Guardian	Telephone Number	
Street Address	City/State/Zip	
Date of Application	Signature of Parent/Guardian	
Signature of Superintendent-Nonresident District	Approved on	Denied on
Signature of Superintendent-Resident District	Approved on	Denied on