



CLAWSON PUBLIC SCHOOLS

CONSENT AGREEMENT BETWEEN OAKLAND COUNTY SCHOOL DISTRICT RESIDENT AND PARENT/GUARDIAN OF SCHOOL AGE CHILD(REN)

STUDENT(S) NAME(S): _____ BIRTH DATE(S): _____

Affidavit in support of application for enrollment for parent/legal guardian and child(ren) residing with an Oakland County School District resident. Understanding that they reside at this resident street address:

COMPLETE ADDRESS

for the purpose of establishing residency within an Oakland County School District and not for the purpose of obtaining school privileges.

The undersigned will notify the Superintendent of Clawson Public Schools immediately when he/she and child(ren) move from the stated address on this application.

Falsification of information contained in the application will immediately void such agreement and result in said child(ren) being dropped from the school district enrollment and subject the undersigned to tuition charges at established school district rates, for any period of time that the child(ren) was enrolled in the Clawson Public Schools.

Signature of Parent/Legal Guardian

Signature of Oakland County School District Resident

Subscribed and sworn to before me this

_____ Day of _____ A.D., 20_____

Notary Public _____
in and for Oakland County, Michigan.

Commission Expires _____