



WAVERLY
COMMUNITY SCHOOLS
 Pride. Tradition. Excellence.

Department of Student Services

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Kelly Blake, Superintendent
Erin Symonds, Pupil Accounting Auditor

Deb Hoxie, District Registrar
Katrina Hines, District Registrar

2024-2025 State Aid Release Application

Student Name:	DOB:	2024-25 Grade & School:
Address:		
Resident School District:		
School District Currently Attending:		
Did this student attend Waverly Community Schools in the 2023-2024 school year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what building did this student attend: _____ Does this student have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No Has this student been suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No Has this student been expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Waverly Applicants only:</i> I am required to submit ONE CURRENT proof of residency with this application, I'm providing: <input type="checkbox"/> Current Utility Bill (with Service Address listed) <input type="checkbox"/> Current Lease <input type="checkbox"/> Mortgage Agreement		
Parent Name:	Email Address:	Phone:
<ul style="list-style-type: none"> Once approved, this State Aid Release will be in effect for the 2024-25 school year ONLY. I understand that I will need to reapply for State Aid Release for subsequent years. I understand that transportation to and from any Waverly school building is my responsibility as the parent/guardian and I agree to arrive and depart the school at the designated times and have regular attendance. All information on this application is true and correct, I understand providing any false information on this application may be sufficient grounds for denial. 		
Parent Signature (or Student if over 18):		Date:
Resident District USE ONLY		
I hereby <input type="checkbox"/> Accept or <input type="checkbox"/> Deny this RELEASE of the above-named student _____ for the to 2024-2025 school year.		
Releasing Superintendent:		Date:
Attending District USE ONLY		
I hereby <input type="checkbox"/> Accept or <input type="checkbox"/> Deny this RELEASE of the above-named student _____ for the to 2024-2025 school year.		
Accepting District Superintendent:		Date: