

SUMMERFIELD SCHOOLS  
PROVISIONAL ADMITTANCE

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Birthdate

\_\_\_\_\_  
Grade

I request that my child be provisionally admitted to the Summerfield School for a thirty (30) day period of time. Prior to expiration of the thirty (30) day period, I promise to provide the following documentation as required by the Summerfield School District.

1. Certified copy of the above child's birth certificate, or other reliable proof, as determined by the school administration, of the above child's identity and age, plus a notarized affidavit explaining the inability to produce a certified copy of the child's birth certificate.
2. Documentary proof that the above child has received all of the following immunizations in the number required by the Michigan Department of Public Health:
  - a. Oral Polio
  - b. Diphtheria, Pertussis, Tetanus
  - c. Measles and Rubella
  - d. Mumps

**NOTE: IMMUNIZATIONS MAY BE OBTAINED AT YOUR COUNTY HEALTH DEPARTMENT**

3. I am the custodial parent or legal guardian of this child?     Yes     No

4. Proof that both I and the above child are bonafide residents in the Summerfield Public School District or an approved tuition student and legally entitled to attend school in this district.

\_\_\_\_\_ Driver's License

\_\_\_\_\_ Financial Bills/Statements

\_\_\_\_\_ Voter Registration

\_\_\_\_\_ Other, as determined by the Administration

I understand that in the event that I fail to provide all of the above information in a timely fashion, the Summerfield School district is required by law to refer the matter to local law enforcement agencies for investigation. In addition, I understand that the school district may elect to withdraw provisional admittance approval and refuse to allow the above child to attend the Summerfield Schools upon expiration of the above thirty (30) day period.

I have received a copy of this form for my personal reference and have been advised to direct any questions I may have to the following school representative: Mr. Scott Leach, Principal (734) 279-1012.

I understand all of the above requirements and understand that my signing this form is a promise to meet those requirements in a timely fashion and to the best of my ability.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Full Name

\_\_\_\_\_  
Parent's Full Name