



23101 STADIUM BLVD, ST. CLAIR SHORES, MI 48080

Employee Child Admission Authorization

Student's Name _____ Grade _____

Parent or Legal Guardian's Name _____

Address _____
(Street Address) (City) (State) (Zip)

Home Phone _____ Work Phone _____

Request for admission _____
(Name of School)

Employee's Name _____

Employee's Signature _____

Employee's Work Location _____

School Year _____

District in which student resides _____

Parent/Legal Guardian is responsible for transportation.

This application is only good for the current school year. Parents must reapply each school year.

Exec Asst Pupil Accounting Data Specialist