



**CONSENT AGREEMENT BETWEEN CLAWSON PUBLIC SCHOOLS 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 Clawson Public Schools district resident. Understanding that they reside at this resident street address:

\_\_\_\_\_

Address	City	State	Zip Code
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for the purpose of establishing residency within the Clawson Public Schools 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 Clawson Public Schools.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Clawson Public Schools District Resident

Subscribed and sworn to before me this

\_\_\_\_\_ Day of \_\_\_\_\_ A.D., 20\_\_\_\_\_

Notary Public \_\_\_\_\_  
in and for Oakland County, Michigan.

Commission Expires \_\_\_\_\_