



Examination High School Application Assistance Consent Form

Detroit Public Schools Community District offers enrollment in five examination high school programs. Applicants are required to take an examination and complete an online application for: Cass Technical HS, Martin Luther King Jr. Senior HS, Renaissance HS, The School at Marygrove and Southeastern HS.

This consent form will allow your student's counselor or teacher to assist with his/her application at/during school.

Student's Name: _____

School: _____

Counselor: _____ **Teacher:** _____

Email address to be used for application: _____

The email address provided will be used for all communications regarding the application and enrollment.

My child may apply to the following schools, in this order:

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

4th Choice: _____ 5th Choice: _____ I have no preference (check box) ☐

Permissions and Acknowledgements

I, the parent/guardian of the above-named student, hereby give permission for my child to participate in the examination high school application process, and

I, the parent/guardian of the above-named student, hereby give the above-named counselor or teacher permission to assist my child with filling out the application and

I acknowledge that even though my child may have taken the exam, he/she must still apply in order to be considered for admission to an examination high school, and

I acknowledge that the application process requires the creation of an online application account, which requires an email and a password. The email address listed above will be the primary mode of communication regarding the student's application and, if applicable, enrollment. The email address should not be the student's district-issued email address. It should be accessible to the parent, guardian or a designee.

I acknowledge that if I do not have an email address, I will seek assistance with the creation of one, and provide it for purpose of application completion. Assistance is available by calling (313) 873-6345.

I have read this consent form and understand its terms. I acknowledge that I am signing this form voluntarily and with full knowledge of its significance. I hereby give my permission for my child to participate in the examination high school application without my presence.

SIGNATURE OF PARENT/GUARDIAN

PLEASE PRINT NAME

DATE

Detroit Public Schools Community District Office of Enrollment

Visit: detroitk12.org/examschools

Email: exam.schools@detroitk12.org Call:
(313) 873-6345