

LPS Education Foundation
Competitive Edge College Savings Program
2020-2021
APPLICATION / AGREEMENT

FOR THE KINDERGARTEN CLASS OF 2020-2021

I agree that my student, _____, who is a kindergarten student for the 2020-2021 school year and attends _____ Elementary School, will participate in the LPS Education Foundation *Competitive Edge College Savings Program* and have \$100 contributed by the Foundation and included in the MESP (Michigan Education Savings Program) for his/her future post-secondary college expenses under the terms identified in the *Information for Parents* document.

For myself, my child, and my child's other parent/guardian, by signing below I release the LPS Education Foundation and the Livonia Public Schools School District and their respective directors, trustees, officers, employees, and agents from any and all liability for or with respect to the college savings plan account that includes my child.

PLEASE RETURN FORM BY JUNE 30, 2021

*****Note: Correspondence regarding this program will be sent via your email address.**

Parent/Guardian PRINTED NAME

***Email Address (PRINT IN ALL CAPITAL LETTERS)

Parent/Guardian Signature

Date

Home Address

Return to:

lpfoundation@livoniapublicschools.org

OR

LPS Education Foundation
15125 Farmington Road
Livonia, MI 48152

Phone contact: Dianne Laura 313 743 7282