

**LPS Education Foundation  
Competitive Edge College Savings Program  
2019-2020  
APPLICATION / AGREEMENT**

**FOR THE KINDERGARTEN CLASS OF 2019-2020**

I agree that my student, \_\_\_\_\_,  
who is a **kindergarten student for the 2019-2020 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 FEBRUARY 7, 2020**

**\*\*\*Note: All correspondence regarding this program will be sent via your email address.**

Parent/Guardian PRINTED NAME

**\*\*\*Email Address (PRINT IN ALL CAPS)**

Parent/Guardian Signature

Date

**PLEASE RETURN FORM BY FEBRUARY 7, 2020**

**Email** completed form to: [lpfoundation@livoniapublicschools.org](mailto:lpfoundation@livoniapublicschools.org)

**OR**

**Mail** completed form to: LPS Education Foundation  
15125 Farmington Road  
Livonia, MI 48154

Call Dianne Laura at 313-743-7282 if you have questions