

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 FEBRUARY 1, 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

City, State, ZIP

Return to:

lpfoundation@livoniapublicschools.org

OR

LPS Education Foundation
15125 Farmington Road
Livonia, MI 48152

Phone contact: Dianne Laura 313 743 7282