



Opt-Out Form: Lansing SAVE

Student Name:

First, Middle Initial, Last

Please complete and return this form ONLY if you would like to opt out of having your child automatically enrolled in the Lansing SAVE Program.

OPT-OUT FORM

I/We choose to NOT participate (opt out) of the Lansing SAVE program.

Parent or Guardian Signature

Date

Parent or Guardian Printed Name

Return your completed Opt-Out form to the school where your child is enrolled.

Optional: Please let us know why you have elected not to participate in the automatic enrollment of your child in the Lansing SAVE Program.

If you have any questions, please contact us at lansing.save@lansingmi.gov or 517-483-5155.

FOR OFFICE USE ONLY

Date Received

Received By

