

GLOVERSVILLE ENLARGED SCHOOL DISTRICT

REQUEST FOR STUDENT ATTENDANCE ON
OUT-OF-DISTRICT TUITION BASIS

SCHOOL YEAR _____

Date _____

Name of Parent/Guardian _____

Address _____ Telephone _____

	Name of Child	Date of Birth	Grade Child Will Enter	School Now Attending
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Out of District School You Wish Your Child to Attend:

Reason for Your Request:

Status of Student: Check One

Living With Parent

Living with Guardian

Living As Emancipated Minor*

With Whom? _____

Parent/Guardian _____

_____ Approval of Request

_____ Denial of Request

Effective Date of
Non-Residency _____

Assistant Superintendent for
Instruction

Date: _____

\$ _____ Tuition Rate Assigned

Assistant Superintendent for
Business

Date: _____

Letter of Approval/Denial Sent to Parent/Guardian

Authorized Signature

Date: _____

*Proof of guardianship or emancipation must accompany form.