

**GLOVERSVILLE ENLARGED SCHOOL DISTRICT**  
234 Lincoln Street, Gloversville, NY 12078-1935

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

SCHOOL YEAR \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

	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: (please circle one)

Living with parent\*

Living with guardian\*

Living as Emancipated Minor . . . with whom?\* \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian

***\*Proof of guardianship or emancipation must accompany form.***

*District Use Only*

\_\_\_\_\_ Approval of Request

\_\_\_\_\_ Denial of Request

\_\_\_\_\_  
Director of Curriculum and Instruction

Effective Date of  
Non-residency \_\_\_\_\_ Date: \_\_\_\_\_

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\$\_\_\_\_\_ Tuition rate assigned

\_\_\_\_\_  
Assistant Superintendent or Treasurer

Date: \_\_\_\_\_

.....

Letter of Approval/Denial Sent to Parent/Guardian

\_\_\_\_\_  
Authorized Signature

Date: \_\_\_\_\_