

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: _____

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Letter of Approval/Denial Sent to Parent/Guardian

Authorized Signature

Date: _____