

APPLICATION FOR NON-RESIDENT ATTENDANCE

Entering: _____ Date: _____

Student's Name: _____ Grade: _____ DOB: _____

School Last Attended: _____

City/Town: _____ State: _____ Zip: _____

Parent's/Guardian's Name: _____ Telephone: _____

City/Town: _____ State: _____ Zip: _____

Town of Residence: _____

I/We, the parents/legal guardians of _____, wish to have our child,

_____ attend Stafford Public Schools for the _____

school year as a non-resident student.

I/we understand that, unless waived, we are obligated to pay the established tuition rate in quarterly installments on September 1, November 1, February 1, and April 1, with one-fourth paid each quarter. Should attendance begin after the start of the school year, tuition will be prorated at the rate of 1/180 (or instructional year as reflected in the school calendar) for each day of membership.

I hereby give my permission for Stafford Public Schools to request all school records of my child. I understand that written consent also allows for communication between and among school districts' staffs.

Signed: _____ Date: _____

Parent/Legal Guardian:

Please respond to the following questions:

1. Will your child be using the school bus? Yes _____ No _____
 - a. If not, how will your child be transported to and from school?

2. Has your child been identified as gifted? Yes _____ No _____
3. Has your child been identified as a child with special needs? Yes _____ No _____
 - a. If yes, please specify under what disability category has he/she been identified:

 - b. What were the date and purposes of the last PPT meeting?
Date: _____ Purposes: _____
4. Does your child require specialized instruction and/or accommodations? Yes ___ No ___
 - a. If yes, please specify: _____
5. Has your child's behavior been deemed acceptable at the last school attended?
Yes _____ No _____
6. Are there any special circumstances or conditions of which school staff(s) should be made aware regarding your child, which may affect this application? If yes, please explain: _____

I, _____, certify that the above information is true
(Printed/Typed Name of Parent/Legal Guardian)

to the best of my knowledge.

Signed: _____ Date: _____
(Parent/Legal Guardian)