Tuition Student Application Packet

To the Parent/Guardian:

Please complete this application and submit to the Director of Pupil Personnel. Please attach a copy of your child's previous year's attendance record.

Approval of this application will involve consideration of the following:

- 1. Admission of nonresident students will only be considered when space is available.
- 2. The application will be reviewed in the following areas:
 - Student's academic standing must be acceptable;
 - Student's record must demonstrate punctual and regular attendance;
 - Your child must not have incurred serious disciplinary infractions.
- 3. Payment of tuition for all schools except for Northside which is zero (0), is due in advance at the beginning of each quarter. Tuition for __2019-2020_____ is ___(School Year) \$500, payable at the rate of \$125 per quarter due at the beginning of each quarter. (See "Tuition Payment Schedule" below.)
- 4. Tuition paid for nonresident students will not be refunded under any circumstances.
- 5. Tuition waived for students accepted to Northside.

TUITION PAYMENT SCHEDULE

	2019-2020
	School Year
PAYMENT #1	_AUGUST 7 TH , 2019 (Date)
	(Date)
PAYMENT #2	_OCTOBER 14 TH , 2019
	(Date)
PAYMENT #3	_JANUARY 6 th , 2020_
	(Date)
PAYMENT #4	_MARCH 3 rd , 2020
	(Date)

Tuition Student Application Packet

Date submitted to Director of Pupil Perso	nnel:	_//						
Name of Student:					Grade:			
Name of Parent:								
Address of Parent:								
	(city)		(state	·)	(zip)	(county	7)	
Phone Number at Home: Phone Number a								
Last School Attended:								
Address of Last School Attended:								
School I am requesting: Please check onl								
□ WCHS □ Huntertown □ WCM	1S	□ Nort	hside	☐ Sin	nmons		outhside	
My child's grade for wi	ill be: (Ple	ease che	eck only	one (1))			
\square K \square 1 \square 2 \square 3 \square 4 \square 5	5 □ 6	1 7	□ 8	□ 9	1 0	1 1	□ 12	
By signing below, I agree to the following To pay tuition at the beginning of That my child will be in regular at That my child will make satisfactor That my child will refrain from ca To provide a copy of my previous	each quantendance ory progre	ess in all	inary pr	oblems		linary r	ecords	
I fully understand that if I, the parent, ar should the student not be able to conform District.					•			
Signature of Student:					Date: _	/	_/	
Signature of Parent:					Date: _	/	/	
Signature of Director of Pupil Personnel:								
Date Approved:/	Date I	Rejected	d:/	/_				
Reason (if rejected):								

NOTE: The District will not enroll any student who has been denied admission to their home school district, and reserves the right to make school assignments based on enrollment constraints.