# FRANKLINVILLE CENTRAL SCHOOL DISTRICT

## PARENT REQUEST TO ATTEND AS A NON-RESIDENT STUDENT

This form is only needed if the family is requesting to attend FCSD as a non-resident student

Please consider my child to be enrolled as a non-resident student in the Franklinville Central School District. I understand that the annual non-resident tuition is $500 per child and that non-resident students are only eligible for the current services that we provide to the resident students. All special needs services are required to involve the home district (district of residence).

Student Name: _____ / _____ / _____
First Middle Last

Date of Birth: _____ Student's Age: _____ Grade Last attended: _____
MM/DD/YYYY Grade

School last attended: _____

Address: _____

_____
City State Zip

Telephone: _____

Students must be in good academic, attendance, and behavioral standing, and consideration will be given when:

- There is sufficient space to accommodate the non-resident student(s).
- No increase in the size of the faculty or staff will be necessary; and
- Admittance will not result in the establishment of a new class or section

_____ _____ _____
**PRINT NAME** of Parent, Guardian, or Student (for unaccompanied homeless youth) | **SIGNATURE** of Parent, Guardian, or Student (for unaccompanied homeless youth) | **DATE**

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## FOR OFFICE USE:

Student needs endorsement from both Building and District Administration to be recommended to the Superintendent for approval by the Board of Education.

| **Notes:** | | | |
|---|---|---|---|
| | **ACADEMICS:** | **YES** | **NO** |
| | **ATTENDANCE:** | **YES** | **NO** |
| | **BEHAVIOR:** | **YES** | **NO** |

Recommend Do Not Recommend _____ _____
**SIGNATURE** of Principal **DATE**

| **Notes:** | | | |
|---|---|---|---|
| | **Is there sufficient space to accommodate the student?** | **YES** | **NO** |
| | **Is there an increase in faculty or staff necessary?** | **YES** | **NO** |
| | **Is it necessary to establish a new class or section?** | **YES** | **NO** |
| | **Are there additional costs involved?** | **YES** | **NO** |

Recommend Do Not Recommend _____ _____
**SIGNATURE** of Director of Pupil Services & Instruction **DATE**