



**APPLICATION FOR ENROLLMENT
OUT-OF-COUNTY STUDENT**

2015-2016

Student's Name _____ Age: _____ Grade _____
(During the 2015-2016 School Year)

Student's Social Security Number _____

Last School Attended _____

County Where Student Resides _____

School to Which Enrollment Is Requested _____

Does student receive EC services? _____ Yes _____ No If yes, what services? _____

Reason for Request [Please attach a separate sheet with complete details of request.]

I understand that acceptance for enrollment is subject to the following:

- 1) Sufficient space at the requested school.
- 2) Release is obtained from the administrative unit where the student resides (attach copy). **Student cannot enroll until release is obtained.**
- 3) Payment of tuition: For 2015-2016: \$810.00 per semester per child (\$1,620 for school year). Tuition for first semester is due August 10, 2015. Second semester tuition is due January 11, 2016. Checks should be made payable to Davie County Schools.

Parent Signature _____

Address _____

Telephone # _____

Date: _____

***Amount Subject to Change**

FOR OFFICE USE ONLY:

_____ Accepted for enrollment

_____ Denied enrollment

_____ Parent/Guardian Notified

Superintendent

Date