



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

**2018-2019**

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
(During the 2018-2019 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: \$960.00 per semester per child (\$1,920.00 for the school year). Tuition for first semester is due August 10, 2018. Second semester tuition is due January 11, 2019. Checks should be made payable to Davie County Schools.

Printed Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

Date \_\_\_\_\_

**\*Amount Subject to Change**

\*\*\*\*\*

**FOR OFFICE USE ONLY:**

\_\_\_\_\_ Accepted for enrollment

\_\_\_\_\_ Denied enrollment

\_\_\_\_\_ Parent/Guardian Notified

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date