

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

2016-2017

Student's Name _____ Age: _____ Grade _____
(During the 2016-2017 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 (\$1,620.00* for school year). Tuition for first semester is due August 8, 2016. Second semester tuition is due January 12, 2017. Checks should be made payable to Davie County Schools. **The tuition amount for 2016-2017 is subject to change following receipt of allotments.**

Parent Signature _____

Address _____

Telephone # _____

Date: _____

***Amount Subject to Change**

FOR OFFICE USE ONLY:

_____ Accepted for enrollment

_____ Denied enrollment

_____ Parent/Guardian Notified

Superintendent

Date