

DELAWARE COMMUNITY SCHOOL CORPORATION
9750 N CR 200 E
MUNCIE, IN 47303

REQUEST FOR CASH TUITION
2020-2021 School Year

STUDENT NAME _____
ADDRESS _____ / _____ / _____
Street Address City State Zip Code
PHONE _____ GRADE LEVEL _____
DATE OF BIRTH _____ AGE _____
REASON FOR REQUEST _____

SCHOOL DISTRICT OF RESIDENCE _____
REQUEST TO ENROLL AT _____

ADDITIONAL STUDENTS ENROLLING

NAME and GRADE LEVEL	REQUESTING TO ENROLL AT
_____	_____
_____	_____
_____	_____

FUTURE TRANSFER TUITION STUDENT(S):

NAME: _____
SCHOOL ATTENDING: _____
ENROLLMENT YEAR: _____ DATE OF BIRTH: _____

NAME: _____
SCHOOL ATTENDING: _____
ENROLLMENT YEAR: _____ DATE OF BIRTH: _____

NAME: _____
SCHOOL ATTENDING: _____
ENROLLMENT YEAR: _____ DATE OF BIRTH: _____

PARENT/GUARDIAN NAME _____
ADDRESS _____ / _____ / _____
Street Address City State Zip Code
HOME PHONE _____ WORK PHONE _____

Suspension/Expulsion proceedings at present school? ____ Yes ____ No

I affirm under penalty of perjury that the above information is true to the best of my knowledge.

PARENT/GUARDIAN SIGNATURE _____

Completion of this form does not guarantee placement. Notification of approval or non-approval will be sent in July.

PRINCIPAL RECOMMENDATION _____

REQUEST APPROVED DENIED

SIGNATURE OF PRINCIPAL _____ DATE _____

SUPERINTENDENT RECOMMENDATION APPROVED DENIED

SIGNATURE OF SUPERINTENDENT _____ DATE _____