

MASON COUNTY CENTRAL SCHOOL DISTRICT
APPLICATION FOR ADMISSION
NON-RESIDENT TUITION STUDENT (Sec. 6) ONE SCHOOL YEAR DURATION

APPLICATION FOR RELEASE AS A NON-RESIDENT TUITION STUDENT SHALL BE MADE AFTER THE SCHOOLS OF CHOICE (SEC. 105/105 c) YEARLY DEADLINE HAS PASSED.

Name of Child/Student _____ Date: _____

Name of Parent/Guardian _____

Street Address _____ City _____ Zip _____

Phone Number (Home) _____ (Work) _____

RESIDENT SCHOOL DISTRICT _____

Please check below to indicate which applies:
_____ (Resident of a district within West Shore ESD) Parent/guardian is responsible for any tuition and transportation costs imposed by the district student is being released to attend.
_____ (Resident of a district within an ISD contiguous with West Shore ESD) Parent/guardian is responsible for any tuition and transportation costs imposed by the district student is being released to attend. Mason County Central Schools will not be responsible for special education costs that may be incurred by the student being released.

Last grade level completed at resident school district _____

What grade level requested by parent(s) /student to attend at Mason County Central: _____

Reasons for requesting release to attend another school district: _____

Has the child/student ever been expelled or suspended by the current school district for disciplinary reasons?

YES () NO () If yes, explain on a separate sheet.

By submitting and signing this Application for Admittance for a non-resident tuition student (Sec.6) the parent(s)/guardian(s) (or student if 18 or emancipated) agree and represent as follows:

- 1. That they understand that this release is for this remainder of this school year only. If they wish to request release for the student next year, application must be made under Schools of Choice.
2. If applicable, that they authorize their current school district to release student record information (academic and/or behavioral) to administrative and clerical personnel of Mason County Central for the purpose of verifying the contents of this application.
3. That the information contained in this application is truthful.

SIGNATURE of Parent/guardian or Student (if 18 years of age or emancipated) _____ DATE _____

APPROVED _____ DENIED _____

Principal's Initials _____

SUPERINTENDENT, Mason County Central Schools _____

DATE _____