

OUT OF DISTRICT STUDENT REQUEST FORM

SCHOOL YEAR	
NAME OF STUDENT	
CURRENT GRADE LEVEL	
DATE OF BIRTH	
CURRENT SCHOOL ATTENDING /SCHOOL OF RESIDENCE	
SPECIAL SERVICES YOUR CHILD RECEIVES (Speech, OT, PT etc.)	
Does your child have an IEP or 504 Plan currently in place?	
PARENTS/GUARDIANS	
PHYSICAL ADDRESS	
MAILING ADDRESS (IF DIFFERENT)	
PHONE NUMBER	
CELL NUMBER	
	I am writing to request permission for my child(ren) to attend Sharon Springs Central School as an out of district student (s). I request that any tuition fees be waived, and understand that I will be responsible to provide transportation for my child(ren) and be responsible for any cost associated with special services my child(ren) may need.
PARENT/GUARDIAN SIGNATURE	
DATE	