

POTTSGROVE SCHOOL DISTRICT
TUITION-FREE ATTENDANCE APPLICATION
"MOVE OUT"

I, _____, Parent of
_____; Grade _____
_____; Grade _____
_____; Grade _____

Request that my child/children be permitted to continue to attend the Pottsgrove School District subject to the provisions of the Pottsgrove School Board of Education Policy #202 – Eligibility of Nonresident Students.

I understand that my child will be permitted to finish the school year when his/her parents/guardians move from the district during the last sixty (60) days immediately previous to the end of the school year. For grade (12) students, they may complete the year if they cease residency after the first nine-week marking period.

I understand that the district shall not be responsible for transportation to or from school while my child is not a resident of the District.

The following date is when my child will no longer be a resident of the Pottsgrove School District, which is no longer than sixty (60) days before the end of the school year. (For grade (12) students the date will be after completion of the first nine-week marking period.):

Present Address: _____
_____ Phone: _____

New Address out of District: _____
_____ Phone: _____

Signature of Parent or Guardian

Recommend Approval ___ Disapproval ___ _____
Principal and Date

Approved _____ Disapproved _____
Superintendent of Schools and Date

Revised 9/25/07

POTTSGROVE SCHOOL DISTRICT
TUITION-FREE ATTENDANCE APPLICATION
"MOVE IN"

I, _____, Parent of
_____; Grade _____
_____; Grade _____
_____; Grade _____

Request that my child/children be permitted to attend the Pottsgrove School District subject to the provisions of the Pottsgrove School Board of Education Policy #202 – Eligibility of Nonresident Students.

I understand that my child will be permitted to enroll in the Pottsgrove School District without payment of tuition for sixty (60) days previous to the anticipated date of his/her parent/guardian executing a contract to buy, build or rent a residence in the District for occupancy or at the beginning of the school year provided that the anticipated date of residency is not later than sixty (60) days of the same school year.

I understand that the district shall not be responsible for transportation to or from school while my child is not a resident of the District.

I understand that if my child does not become a resident of the District by the end of the period for which free attendance is given, tuition shall be required until residency is established.

I understand that I must demonstrate proof of the anticipated residency. If the proof of anticipated residency is found to be false, I understand my child/children will be immediately withdrawn and I will be billed back tuition for the time the student was enrolled.

The following date is when my child will be a resident of the Pottsgrove School District:

Present Address: _____

_____ Phone: _____

New Address within the Pottsgrove School District: _____

_____ Phone: _____

Signature of Parent or Guardian

Recommend Approval ___ Disapproval ___ _____

Principal and Date

Approved _____ Disapproved _____
Superintendent of Schools and Date