

Tuition Program Application

Tuition Student Information <i>Completed By Parent/Guardian – Please Print</i>	
<i>Student's First Name:</i>	<i>Middle Name:</i>
<i>Last Name:</i>	<i>Street Address:</i>
<i>Nick Name:</i>	<i>City/Town:</i>
<i>Last School Attended / Grade:</i> /	<i>Last School Address:</i>
<i>Date of Birth:</i>	<i>Birthplace:</i>
<i>Resident Sending District:</i>	<i>Resident Sending School:</i> (please be specific – i.e., if the student was not a tuition student at Avon School, what resident district school would they be attending)
<i>Please specify medical issues:</i> <input type="checkbox"/> Allergies (specify below) <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Other (specify below)	<i>Does your child currently have an IEP or receive special services?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Special Considerations / Notes:</i>	

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Parent / Guardian Information	
<i>Parent Name:</i>	<i>Parent Name:</i>
<i>Address:</i>	<i>Address:</i>
<i>Home Phone:</i>	<i>Home Phone:</i>
<i>Cell Phone:</i>	<i>Cell Phone:</i>
<i>E-Mail:</i>	<i>E-Mail:</i>

Please ensure the following are attached to this Application:

- Most recent report cards (Grades 1-8 only)
- Copy of standardized test scores (Grades 2-8 only)
- Two Letters of recommendation (one from teacher, one from administrator)
- Copy of birth certificate or other proof of age
- Immunization records
- Application fee in the amount of \$150.00
- Copy of Physical within the past year

Please sign on the space below acknowledging that you have read the Avon Board of Education Policy entitled “Tuition Program Policy for Non-Resident Students”

Signature

Date

OFFICE USE ONLY	
Date Received	Application Fee
Application Complete	Recommendations