

Tuition Student Application- Bolton Central School District

Student Name(s): _____

Mailing Address: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____

Grade level to enter: _____ Date of Birth: _____

Current School District of Residency: _____

I, _____, give Bolton Central School District permission to speak with and request information from my child's current district.

I request that my current school of residency forward my child's grades, discipline record, attendance records, classification status and any support services that my child has needed to be successful.

I understand that upon review of the above information, an enrollment decision will be made by the Bolton Administration, after which I will be notified of the Administration's decision.

Parent/Guardian Name Printed

Date

Parent/Guardian Signature

Please return to:

Bolton Central School

ATTN: Principal

PO Box 120

Bolton Landing, New York 12814

OR

Via Fax: 518-644-5125 ATTN: Principal

Administrator Approval

Date

cc: Signed Copy to Superintendent's Office