

PARENT REQUEST FOR TUITION WAIVER

2017-18 School Year

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Parents: _____ Telephone: _____

Physical Address: _____

City, State, Zip: _____

Mailing Address: _____

City, State, Zip: _____

School District of Residence: _____

School District of Attendance: Devils Lake _____

School District attended by your child(ren) previously: _____

Please state the reason(s) you wish to have your child(ren) attend school in the district other than your resident district: _____

I hereby authorize the _____ School District to release school records for the student(s) listed above to be used in the consideration of the request to attend the Devils Lake Public School District.

Parent Signature

Date

** This form is to be submitted to: Mr. Scott Privratsky, Superintendent

Devils Lake Public School District

1601 College Drive North Devils Lake, ND 58301 (

701) 662-7640 -- (FAX) 662-7646