

**DEVILS LAKE PUBLIC SCHOOLS  
PARENT REQUEST FOR TUITION WAIVER  
2019-20 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