## CHAZY CENTRAL RURAL SCHOOL DISTRICT

609 Miner Farm Road Chazy, New York 12921 518-846-7135 Fax 518-846-8322

## **PART A - APPLICATION FOR ADMISSION**

Student's Name	:Grade:	
Address:		
City:	State: Zip:	
Home Phone #:	Date of Birth:	
Mother's Name:	Mother's Work #:	
Address:	City: State: Zip:	
Father's Name:	Father's Work #:	
Address:	City: State: Zip:	
Legal Guardian:	Work #:	
Who does child	live with? Mother: Father: Both Legal Guardian:	
Home School D	strict:	
Assignments for no	JST RETURN THIS TUITION AGREEMENT TO THE DISTRICT OFFICE Sch n-resident students will be made AFTER this form is received by the District Office with a con ertificate. Academic and medical records will be requested from the previous school attended	су
<u>PART B - INTEI</u>	RVIEW AND REGISTRATION AUTHORIZATION_(New Students Only)	
School:	Grade:	
This agreement and	related non-resident tuition information has been reviewed with the parent or guardian.	
	Signature of Superintendent of Schools Date	
\$1	NCIAL AGREEMENTTUITION RATE:K-12\$3,000.00,500.00 due with application ,500.00 due by November 1500.00 due by November 1500.00 due by November 1	
Tu	ition is non-refundable upon opening day of school or admission.	
If tuition is not rec enrollment will be	eived on the above dates written notification will be sent and the student's continued in jeopardy.	

Date: \_\_\_\_\_ Signature of Parent or Legal Guardian \_\_\_\_\_