

REQUEST FOR HIGH SCHOOL TUITION PAYMENT FOR A STUDENT ATTENDING A CONNECTICUT PUBLIC HIGH SCHOOL

Sherman Board of Education
Sherman, CT 06784
Email - mainoffice@shermanschool.com
Telephone # - (860) 355-3793
Fax: (860) 355-9023

To the Superintendent of the Sherman Public School System:

I request attendance/tuition on behalf of my child to the public secondary school listed below.

High School Name: _____

For School Year: _____

Grade Level: 9 10 11 12

(Example: 2013-2014)

Student Name: _____

D.O.B. _____

Parent/Guardian's Name: _____

Telephone #: _____

Street Address: _____

Cell #: _____

Sherman, CT 06784

Email: _____

Mailing Address (if different): _____

Does your child receive Special Education or 504 Services? Yes No

I realize this form must be completed before my child first enters any public secondary school in Connecticut and submitted **to The Sherman School at the time of enrollment**. Be advised that the high school will make student's report cards and CAPT scores available for analytical purposes.

This is to certify that I have read and understand policy #3240. "Payment to High School Tuition," and agree to adhere to its terms. I realize this form must be completed when my child first enters any public secondary school in Connecticut or wishes to transfer to any such school.

Parent/Guardian's Signature

THE SHERMAN SCHOOL OFFICIAL USE ONLY

Proof of Residency: _____

Date _____

Authorized Signature: _____

Date _____