

JFAB-E - Admission of Non-Resident Private Tuition Students Application for MSAD#35

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Date: _____

Full Name of Student: _____

Last Name

First Name

Middle Name

Parent/Guardian(s) Name: _____

Permanent Home Address: _____

Street

City

State

Zip

Current Mailing Address: _____

Street/PO Box

City

State

Zip

Telephone Number: _____ Alternate Phone Number: _____

E-mail: _____

Student's current/last school attended (or attending): _____

Current Grade: _____

School Address: _____

Principal: _____

Counselor: _____

Telephone: _____

In answering the following questions, please feel free to attach additional pages.

1. Give a brief summary of the student's academic standing at his/her current school. _____

2. Please describe any special interests of your son/daughter (example: Music, Clubs, Sports, etc.). _____

3. Has your son/daughter ever been suspended from school? If so, please describe the reasons. Give a brief summary of any disciplinary referrals that the student has experienced. _____

4. Has your son/daughter ever had a substance abuse problem? If so, please describe the situation. _____

5. Are there any special concerns or issues we should consider regarding our admission of your son/daughter? _____

M.S.A.D. No. 35 will charge an annual tuition equal to the maximum rate permitted by state law, 20-A M.R.S.A. § 5805. Tuition amounts for the upcoming quarter shall be paid in full by the first day of each school quarter. Failure by a parent to pay tuition as due shall be grounds for revoking the admission of the non-resident private tuition student. In the event of a default in the timely

payment of the tuition as set forth in this Agreement, and if the District allows the student to continue to attend District schools, all payments which are in arrears shall accrue interest at a rate of 18% per year until paid in full, and the parents shall pay, in addition to the principal and interest, all costs of collection, including reasonable attorney's fees.

A \$500 non-refundable deposit is required with this application and will be applied to the first tuition payment. The check should be made out to: M.S.A.D. #35, with "Tuition Deposit" in the memo section.

Signature of Parent/Guardian

Date

Signature of Student

Date

Please mail this application, along with the \$500 non-refundable deposit, to:

Office of the Superintendent of Schools

Attn: Administrative Assistant to the Superintendent

M.S.A.D. #35

180 Depot Road

Eliot ME 03903

JFAB-E Reviewed November 28, 2018

Revision #1

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