

BOLIVAR-RICHBURG CENTRAL SCHOOL

APPLICATION FOR OUT-OF-DISTRICT RESIDENTS

PARENT'S NAME _____ DATE _____

ADDRESS _____

TELEPHONE (home) _____ (work) _____

SCHOOL DISTRICT WHERE YOU PAY SCHOOL TAXES _____

CHILD'S NAME _____

DATE OF BIRTH _____

CHILD'S GRADE LEVEL _____

SCHOOL OF LAST ATTENDANCE _____

HAVE YOU NOTIFIED THE SCHOOL OF YOUR RESIDENCE? _____

**Reasons for requesting your child's attendance
At Bolivar-Richburg Central School**

SIGNATURE _____ DATE _____

(One student per form, make additional copies as necessary)