

REGIONAL SCHOOL DISTRICT 12

Bridgewater – Roxbury – Washington

**Request for Enrollment of Non-resident Student**

**Request form must be filled out by the student’s parent or guardian. The student’s transcript must be attached to the ‘initial enrollment’ request along with the Student Registration Form. Completed requests should be submitted to the Principal of the school in which the student desires to attend.**

Name of Student: \_\_\_\_\_

School Requesting: \_\_\_\_\_ Grade/Year: \_\_\_\_\_

Name of Parent: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Initial Enrollment Request

Continuation of Enrollment Request

Initial enrollment - give reason for leaving current school district: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have read the policy regarding *Enrollment of Non Resident Student* and understand that tuition payment will be divided in two equal installments due on or before August 1<sup>st</sup> and on or before January 2. I further understand that if payment is not made at these specified times, that my student will not be allowed to continue as a student in Region 12.

\_\_\_\_\_  
Parent’s Signature

\_\_\_\_\_  
Date

For Administrator use only:

Date student interviewed: \_\_\_\_\_

Approved  
 Denied

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Principal’s Signature

\_\_\_\_\_  
Date

For Superintendent’s use only:

Approved  
 Denied

School: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_  
Superintendent’s Signature

\_\_\_\_\_  
Date