



**WHITE PLAINS CITY SCHOOL DISTRICT
FAMILY INFORMATION CENTER
500 North Street
White Plains, NY 10605
(914) 422-2038**

OUT-OF-DISTRICT TUITION WAIVER REQUEST 2022-23

The undersigned requests that _____ Student's LAST and FIRST Name _____
be permitted to enroll in the White Plains City School District for the 2022-23 school year.

It should be understood that this waiver will be granted only if there is room in a particular school and grade. The district will not grant this tuition waiver if it would require additional staffing, additional costs, or displace services to be provided to students who are residents of White Plains. **If the granting of this waiver adds additional costs, the district may admit the student but require the staff member to reimburse the district for these expenses.**

PLEASE COMPLETE THE FOLLOWING:

STUDENT DATA	FAMILY DATA
Date of Birth:	Name of Parent 1:
Current Grade:	Name of Parent 2:
Current School:	Address:
School Address:	
	Telephone:

Please list below the reason(s) why you want to enroll your child in the WPCSD:

Employee's District Location:	Employee's Position:
Employee's Extension:	Date:
Parent/Guardian Signature:	

Approved by the Asst. Supt. for Special Education and PPS:	Date:
Comments:	

Approved by the Superintendent:	Date:
Comments:	

Please return to Ilka Marino, FIC Coordinator, ilkamarino@wpcsd.k12.ny.us