



Parent or Guardian Name and Employee ID#:

Student Name:

Student DOB:

Home Address:

Sending (current) District: I

Sending school name and contact Information:

Grade entering 2023-24 School Year:

Requested School:

Special Education/Section 504:

Has the student been identified eligible for special education or Section 504 support as the result of a documented disability or is the student currently being evaluated for special education or Section 504 eligibility?

If so please submit a copy of the student's most recent IEP and all appropriate evaluations used to determine special education eligibility OR all medical documentation and evaluations used to determine eligibility for Section 504 support. Please email to: rmancusi@fairfieldschools.org

Student identified /is in the process of identification:

I acknowledge that I have read and understand the requirements as outlined in Administrative Regulations on Resident/Non-Resident School Attendance in the Fairfield Public Schools – 5118 AR(c):

Parent/Guardian Signature:

Date:

Note: The base tuition for the school year 2023-2024 is \$7,553. This will be reflected in the assigned tuition specified for your student.

Base Tuition:

Assigned Tuition:



Invoice for Student Non-Resident Tuition for Children of Employees

Employee Name:

Student Name:

Tuition Total:

Payment 1: Upon Receipt of Approval

Payment 2:

Payment 3:

Payment 4:

For Central Office Only:

Base Tuition for School Year 2022-2023:

Assigned Tuition:

Approved by Central Office:

The remittance of the first payment indicates acceptance of the assigned tuition/terms of payment

Remit payment to:

Accounts Payable Department,
501 Kings Highway East, Suite 210
Fairfield, CT 06825