



# FRANCIS HOWELL SCHOOL DISTRICT

801 Corporate Centre Drive O'Fallon, MO 63368

Phone: 636-851-4076 / Fax: 636-851-4090

## APPLICATION FOR ATTENDANCE/ TUITION WAIVER FOR CHILDREN OF NON-RESIDENT EMPLOYEES

Children of nonresident District employees are allowed to attend District schools as a resident student subject to the following conditions: the child has not left a previous school due to suspension, expulsion or another questionable circumstance; the student maintains acceptable academic standards, attendance and conduct; the employee or student's other parent does not cause a disruption in the child's school, bus or other educational setting; the Director of Student Services will determine the specific school placement; the arrangement shall not be allowed to interfere with the employee's work or availability for overtime or extra duty; and the parent(s)/guardian(s) must complete this application and agree to all requirements. If the student(s) or employee fail to meet any of the standards, the waiver will be rescinded and the student(s) will not be permitted to enroll in the FHSD. Employees may request a school placement but are not guaranteed that placement due to capacity or other relevant issues. **Please note: Transportation services will not be provided.**

COMPLETE THIS FORM AND SUBMIT TO:

Dr. Kevin Morrison • Director of Student Services

Kate O'Neal • Administrative Assistant

[kathleen.oneal@fhdschools.org](mailto:kathleen.oneal@fhdschools.org)

FHSD Employee Name \_\_\_\_\_ Work Location \_\_\_\_\_

Employee & Parent/Guardian Email \_\_\_\_\_

Additional Parent Name \_\_\_\_\_

Address \_\_\_\_\_ Phone (C) \_\_\_\_\_ Phone (W) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home District \_\_\_\_\_

Name of Student: \_\_\_\_\_ Current Grade: \_\_\_\_ Requested School \_\_\_\_\_

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Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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### FOR OFFICE USE ONLY

Attendance \_\_\_\_\_ Behavior \_\_\_\_\_ Grades/GPA \_\_\_\_\_ Other \_\_\_\_\_

Parent/Guardian Employment Status Verified with HR \_\_\_\_\_ Request Status  Approved  Denied

Superintendent Designee Signature \_\_\_\_\_ Date \_\_\_\_\_

School(s) Notified: \_\_\_\_\_ Parent Notified: \_\_\_\_\_ Contact Initials: \_\_\_\_\_