

2026-2027 Tuition Waiver Request Form Out of District Students

Alexander City Schools

Grades 7-11

Student Name: _____

Parent/Guardian: _____

Parent/Guardian Address: _____

Grade (for the 2026-2027 School Year): _____

Please list in the space below what programs you currently or will be participating in (Clubs, Sports Team, Band, Other Extracurricular Activities) as a student at ACMS or BRHS for the 2026-2027 school year. Waiver Request forms will be reviewed by the Superintendent and/or his designee. Please turn in a copy with your Out of District paperwork to the Office of Student Support Services in order to be considered for a Waiver request.
