

Broadalbin-Perth CENTRAL SCHOOL DISTRICT

20 Pine Street, Broadalbin, NY 12025 | Phone: (518) 954-2500 | Fax: (518) 954-2509

NON-RESIDENT STUDENT APPLICATION

APPLICATION TYPE

☐ **New Non-Resident Student** (Student is not currently attending Broadalbin-Perth Schools)

☐ **Renewal Non-Resident Student** (Student currently attends Broadalbin-Perth Schools and requests to return for the upcoming school year)

STUDENT INFORMATION

Student Name (Last, First, Middle Initial): _____

Gender: ☐ M ☐ F **Date of Birth:** _____ **Incoming Grade:** _____

Requested School Year: 2026–2027 **Current District of Residence:** _____

Reason for Request (500 characters or less):

SCREENING AND PROGRAM INFORMATION

Has the student been expelled from any school district in the last 12 months? ☐ YES ☐ NO

Is English the primary language spoken in the home? ☐ YES ☐ NO

Is the student in an English Language Acquisition (ELA/ESL/ELL) program? ☐ YES ☐ NO

Is the student enrolled in Special Education (IEP or Section 504 Plan)? ☐ YES ☐ NO

Is the student currently enrolled in an Alternative Education Program? ☐ YES ☐ NO

Note: The School District follows all NYSED guidelines when evaluating non-resident applications. The Superintendent conducts an individualized assessment of each request. The answers provided above are solely used to determine if special programs/services are required that the District does not otherwise provide for resident students.

SIBLING INFORMATION

Do you have another child currently attending Broadalbin-Perth who will attend next year? ☐ YES ☐ NO

If Yes, Name(s), DOB, Grade: _____

Are you submitting a Non-Resident application for another sibling? ☐ YES ☐ NO

Would you withdraw this request if the sibling's request were NOT approved? ☐ YES ☐ NO

PARENT / GUARDIAN INFORMATION

Parent/Guardian Name(s): _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

Is the parent/guardian currently an employee of Broadalbin-Perth CSD? ☐ YES ☐ NO

INSTRUCTIONAL TUITION AGREEMENT & PAYMENT TERMS

This agreement is made between the parent/guardian of the student named above (Party of the First Part) and the Broadalbin-Perth Central School District (Party of the Second Part) for the 2026–2027 school year.

Tuition Rate & Rights: The Party of the First Part agrees to pay the District the annual base tuition sum of **\$7,000.00** per PreK–12 student (or the family rate per District guidelines). Approved non-resident students receive equal instruction and all rights and privileges enjoyed by resident children.

Payment Options (*Please check one*):

☐ **OPTION 1 — Full Payment:** Full payment of \$7,000.00 is due on or before **August 18, 2026**.

☐ **OPTION 2 — Installment Plan:** A 50% deposit (\$3,500.00) is due upon enrollment on or before **August 18, 2026**. The remaining balance is paid in ten (10) equal monthly payments due on the 1st of each month. (Personal checks must clear the bank prior to student attendance.)

AUTHORIZATION & SIGNATURES

By signing below, the parent/guardian certifies all statements are complete and accurate, and agrees to the tuition rates, payment schedules, and District policies/Code of Conduct.

Parent / Guardian Signature

Date

Superintendent of Schools Signature

Date