

# Student Tuition Application for Southgate Independent Schools

**Request for Tuition Status: Initial 25% payment due at time of student enrollment**

**Make check payable to: Southgate Schools**

**NO refunds will be issued for early withdrawal.**

PRE-APPLICATION INSTRUCTIONS TO PARENT/GUARDIAN: Please read prior to completing and submitting this form. One application must be completed for each individual student requesting out of district admission.

- Open enrollment applications will only be considered if there is adequate space in the classrooms of that grade level and if there is caseload capacity for special education.
  - Assuming space is available, cases will be **considered for acceptance based on the following five criteria:**
    - Makes satisfactory academic progress and achieves at an academic level where he or she is passing all subjects.
    - Meets the attendance policies of the district while having good-standing school attendance.
    - Behaves in accordance with the established discipline guidelines and doesn't present a behavior disruption in the learning process.
    - The parents/guardians are cooperative and supportive in their working relationship with the school.
    - The student's tuition of \$1200 per year is paid within the established time frames – 25% upon first day of student enrollment, additional 25% on or before October 1, and remaining 50% on or before January 1.
- Family rates per year are as follows:  
Student 1 - \$1200, Student 2 - \$1000, Student 3 - \$800, Student 4 - \$600, Student 5 - TBD
- If approved, this commitment is for one school year. A new application must be submitted each year.
  - **This application may be denied or revoked at any time based on the following:**
    - Failure to abide by any of the criteria listed above related to academic effort and performance, attendance, behavior and attitude, and cooperative and supportive relationship with the home.
    - Failure to pay tuition fees in advance as stipulated in agreement.

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1. Date application filed \_\_\_\_\_
  2. School Year for which application is made \_\_\_\_\_
  3. Full name of student \_\_\_\_\_ Date of birth \_\_\_\_\_
  4. Grade for which application is made \_\_\_\_\_ Social Security Number \_\_\_\_\_
  5. Address of residence \_\_\_\_\_
  6. Name of parents (or legal guardian) \_\_\_\_\_  
Relationship \_\_\_\_\_
  7. Phone number (home) \_\_\_\_\_ (work) \_\_\_\_\_ Father  
(cell) \_\_\_\_\_ (work) \_\_\_\_\_ Mother
  8. School district of residence \_\_\_\_\_
  9. School presently attending \_\_\_\_\_
  10. Reason for requesting tuition status \_\_\_\_\_
  11. We agree to abide by the guidelines and limitations of this tuition request. We understand that false information shall be grounds for refusing this request.
  12. Signature of student \_\_\_\_\_
  13. Signature of parent/legal guardian \_\_\_\_\_

Please complete the reverse side of the form

## ADDITIONAL INFORMATION

1. Full Name of Student \_\_\_\_\_
2. Grade Placement \_\_\_\_\_
3. Special school program needs (Please check all the apply)  
Honors \_\_\_\_\_ Gifted/Talented \_\_\_\_\_ Hearing \_\_\_\_\_ Visual \_\_\_\_\_ Extended School Services \_\_\_\_\_  
  
IEP or 504 Plan \_\_\_\_\_ Speech \_\_\_\_\_ Learning Disability \_\_\_\_\_ Resource Room \_\_\_\_\_ Self-Contained \_\_\_\_\_
4. Medical Conditions:  
  
\_\_\_\_\_
5. Please list in order the school(s) your child has attended in the past.  
  
NAME OF SCHOOL \_\_\_\_\_  
Address \_\_\_\_\_  
Year \_\_\_\_\_ Grade \_\_\_\_\_  
  
NAME OF SCHOOL \_\_\_\_\_  
Address \_\_\_\_\_  
Year \_\_\_\_\_ Grade \_\_\_\_\_
6. Please check the general academic background of your child.  
Above Average Student \_\_\_\_\_  
Average Student \_\_\_\_\_  
Needs Extra Help \_\_\_\_\_
7. Functions well in regular classroom \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_
8. Advanced Academically (Please list subjects) \_\_\_\_\_
9. Please list any special physical/emotional needs of your child \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Where are the permanent records for your child?  
School: \_\_\_\_\_  
Address: \_\_\_\_\_
11. Please attach a copy of your child's last report card to this form along with most recent attendance records and behavior reports. Grades, attendance, behavior, and assessment scores will be reviewed. (Required only if your child **did not** attend Southgate Schools last year.)

**Please return this completed Student Tuition Application and all required documentation due to the school's main office located at 6 William F. Blatt Ave. Southgate, KY 41071.**

**Feel free to contact the main office at 859-441-0743 with any questions pertaining to the application process.**