



**Quaker Valley School District
100 Leetsdale Industrial Drive, Suite B
Leetsdale, PA 15056
(412)749-3600**

APPLICATION FOR ADMISSION OF NON-RESIDENT TUITION STUDENTS

Date of Application: _____

Student's Name: _____
Last First Middle

Address: _____

Telephone Number: _____

Requested Date of Admittance to Quaker Valley School District: _____

Birth Date: _____ Age: _____ Sex: Male _____ Female _____

Name of Last School Attended: _____

School Address: _____

Highest Completed Grade: _____

Name(s) of Parent(s) or Guardian(s) _____

Lives with: Mother Father Other: _____
(Please Specify)

Parent or Guardian Employed by: _____

Are there any special needs, educational or physical, that school personnel should be aware of in determining the most appropriate educational program for your child?

Reason(s) for Requesting Admission to the Quaker Valley School District:

We hereby certify that the information set forth in this application for admission is true and complete to the best of our knowledge. We understand that the fees, charged at the determined tuition rate, are due and payable in advance. **OUR SIGNATURES GIVE APPROVAL FOR COPIES OF THE STUDENT'S RECORDS TO BE FORWARDED TO THE ENROLLMENT OFFICE OF THE QUAKER VALLEY SCHOOL DISTRICT.**

Signature of Student

Signature of Parent or Guardian