Sherman Central School Non-Resident Student Application for Admission

(Must be accompanied by a letter of acknowledgement from the sending district)

I,		a res	ident of the			
(Name of F		ierman Centrai School L	District consid	(School District) er admission of the student(s) lis	sted	
(Student Name	e)			(Grade)		
(Student Name	e)			(Grade)		
(Student Name	?)			(Grade)	(Grade)	
		out wishes to pay tuition t				
				(date)		
Student(s) above a	re <u>former resident</u>	s and request to continue	attendance a	t SCS.		
Student(s) above a						
Student(s) above w	vill be residing wit	th family members with	in the SCS di	strict. Name of family member	and	
address:					-	
Other (please explo	ain)					
					-	
District: I certify that all of the i We also understand tha	nformation provide	ed above concerning the re information to the Sher	residency of the	the individual(s) is true and accurate School District, we may be true sees for such false information.	-	
Name of Parent/Legal (Guardian <i>(please pr</i>	rint):				
Signature of Parent/Leg	gal Guardian:					
PO Box, Apt. #, Street	Address:					
City, State, Zip:						
Phone Number(s):	Home	Work		Cell		
Return to:		nt tral School District Sherman NY 14781				
		(For Office Use On	ly)			
Approved by Principal:	:			Date:	_	
Approved by Superinte				Date:		