

4533

Tuition Determination
Homeless Student Tuition Consultation Form

(Form C)

Name of Student _____

Address _____ Howell
(Street) (Town)

Monmouth _____ 07731
(County) (State) (Zip Code)

Date of Birth: _____ Home Telephone _____

School Assignment Memorial Elementary

Grade Assignment 4 (MD Class) Special Education Program Yes No

Time Period Tuition to be paid 2015-2016 school year

Note: When approved, this agreement is valid for the current school year only.

I request that the child named above be permitted to attend, or continue to attend, school in the Howell School District on a tuition basis. I understand and agree that the tuition charges noted and any necessary transportation fees are to be paid by the district of origin in accordance with the payment schedule and the Board of Education approved contract.

Name of District of Origin:
Bricktown

Name of District of Temporary Address:
Howell

Approved _____
Board Secretary

Approved 
Board Secretary

For School District Business Office Use Only		
Tuition Rate:	\$48,787.00	/ per year
	\$ 4,878.70	/ per month
	\$ 271.04	/ per diem
Total Tuition	\$48,787.00	