





**HOWARD COUNTY  
PUBLIC SCHOOL SYSTEM**

**TUITION AUTHORIZATION FORM FOR OUT-OF-STATE FOSTER PLACEMENT**

This **Tuition Authorization Form**, along with the **Request to Enroll Student Placed in Agency-Supervised Care Out-of-State Form**, needs to be completed annually for an out-of-state student to be enrolled in the Howard County Public School System, while in foster care.

Student's Name: \_\_\_\_\_

School Year: \_\_\_\_\_ School: \_\_\_\_\_

**Placing Agency**

Case Worker: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

**Foster Placement**

Home: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

The out-of-state tuition for the above student is \_\_\_\_\_

Regular Education \_\_\_\_\_ Special Education \_\_\_\_\_

I certify that tuition for the above child's education will be paid to the Howard County Public School System by:

Agency/School System: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

This tuition must be paid before the beginning of the next school year or the student will not be re-enrolled in the Howard County Public School System.

Caseworker's Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_