

PART I: NONRESIDENT INFORMATION: To be completed by Parent, Guardian, or Responsible Adult

School _____ Grade _____ Enrollment Date ____/____/____

Student Name _____ Student ID _____
Last First MI

Visa (if applicable) _____ Country of Origin _____ (if applicable)

Parent Guardian Responsible Adult _____
Last First MI

Address _____ Town, City _____

County _____ State _____ Zip Code _____

Social Security # _____ Home Phone _____ Work Phone _____
Parent/Guardian/Responsible Adult Cell Phone _____

I agree to accept the responsibility for the nonresident tuition fees. I understand that a late charge of \$25 will be placed on any payment not made as scheduled. I also understand that an interest charge of one percent per month will be placed on any obligation not paid within 30 days of due date. Failure to meet scheduled payments could result in withdrawing student from school and withholding transfer of records. Returned checks will be subject to a \$25 fee. I agree to repay the MCPS for any legal costs which may be necessary to collect any moneys due to the school system resulting from nonpayment of tuition.

_____/____/____
Signature: Parent Guardian Responsible Adult Date

Check should be made payable to MCPS. **Payment must accompany this form.** Future payments should be sent to the Division of Controller, Receipts Office, Room 154, Rockville, Maryland 20850, and received on or before due date. **STUDENT MAY NOT START SCHOOL UNTIL APPROPRIATE FORMS ARE COMPLETED AND FEES ARE PAID.** Any refund will be returned to the individual who paid the tuition.

PART II: TUITION INFORMATION: To be completed by MCPS

Annual Tuition \$ _____

MCPS Employee Full Course Load Partial: # of courses _____

Annual

Semester (due before each semester)

Quarterly (due by first day of class, November 1, February 1, April 1)

Deposit – waiver submitted on _____ Waiver Approved Waiver Denied

_____/____/____
Signature, Financial Management Staff Date

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Determination of Residency and Tuition Status

Office of the Deputy Superintendent of Schools
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

MCPS Form 335-73
March 2010

Instructions: The person responsible for the student or eligible student completes Parts I and II, and submits with required documents to the residency and tuition administrator, Department of Student Services. Refer to MCPS Regulation JED-RA: *Residency, Tuition, and Enrollment*.

PART I: Student Information Student ID # _____

Student _____ Male Female Date of Birth ____/____/____ Age ____

Student Ethnicity _____ Race _____ Social Security (not required) _____

School student will attend _____ Grade _____ Special Education Yes No

Person responsible for student _____ Relationship _____
Last First MI

Montgomery County address where student will reside _____
Street City State ZIP Code

Telephone: Home _____ Work _____

Transferring from: County _____ State _____ Country _____

Name of last school attended _____ School telephone _____

PART II: Reason for Submitting Application (check one)

Proof of residency must be submitted with all applications. Examples of Acceptable Proof: Current Montgomery County Property tax bill or current rental lease. Also submit current utility bill showing name and address.

Student now residing in Montgomery County without parents and is requesting a waiver of tuition. Submit proof of residency of person with whom student is living; statement explaining reason for request (notarized); and explanatory letter of consent from parent(s) (notarized). Also submit documentation of crisis to justify tuition waiver. (Do not enroll student until approved by Residency and International Admissions.)

Noncustodial parent. Submit consent letter from custodial parent, birth certificate with both parents' names, proof of residency of noncustodial parent.

Student is 18 years of age or older, or an emancipated minor, and is self-supporting. Submit proof of current employment (all letters from employers must be notarized), proof of residency, and proof of age. (Do not enroll until approved by Residency and International Admissions.)

Student is living with parent(s) and awaiting completion/occupancy of permanent housing within 60 days. Submit sales contract, or settlement papers, or rental lease. (Do not enroll student until approved by Residency and International Admissions.)
Current address _____

Student is placed in Montgomery County (e.g., foster, group home) by a juvenile or social services agency.
(Submit proof of residency of guardian, placement order, and, if agency is out of state, also submit authorization for payment of tuition.
(Do not enroll student until approved by the Residency and International Admissions.)
Name of agency _____ Contact Person _____
Phone _____ Identify state if other than Maryland _____ (documents attached)

Verifying residency
I certify that I will be responsible for the student and that the information on this application and on any attachments is accurate, complete, and true to the best of my knowledge. I further understand that if the information is not accurate or the waiver of tuition is not granted, I am liable for tuition and/or retroactive adjustment of tuition for any periods that the student may be a nonresident, unless the student has been placed by a responsible social or juvenile services agency.

_____/_____/_____
Signature, Parent, Guardian, or Eligible Student _____/_____/_____
Date

PART III: To be completed by Residency and Tuition Administrator.

<input type="checkbox"/> Student is a resident and is eligible for enrollment. Documentation is attached.	Comments: _____
<input type="checkbox"/> Student is approved for enrollment without tuition. Student is in crisis or has been placed by a Maryland social services agency and is considered to be a resident for the current year only.	
<input type="checkbox"/> Student is a nonresident and tuition is waived for ____ days.	
<input type="checkbox"/> Student is a nonresident and tuition is required to pay tuition.	
<input type="checkbox"/> Student is a nonresident and a non-Maryland social services agency is required to pay tuition.	

_____/_____/_____
Signature, Administrator _____/_____/_____
Date