

HANCOCK PLACE SCHOOL DISTRICT

Inspiring Excellence

APPLICATION FOR HANCOCK PLACE K - 12 ATTENDANCE / TUITION WAIVER BY A CHILD OF A NON-RESIDENT EMPLOYEE 2023-2024

Student Name _____

Parent Name _____

Address _____
Street City / State Zip

Home Phone _____ Cell Phone _____ Work Phone _____

Parent Position / Work Location _____

Student's Resident District _____

Student's Resident School _____ School Currently Attending _____

School Requested _____ Grade _____

Will the student require special education services? ☐ ☐ [If yes, see number 5 below.]

I HEREBY DECLARE THAT I WILL COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. The student's parent shall be a full time employee of the district at all times during the period of attendance.
2. The student's parent must be eligible for Hancock Place Medical Benefits
3. The request may be granted for only one year at a time, space permitting.
4. The arrangement shall not be allowed to interfere with the employee's work or availability for overtime or extra duty.
5. If parent/student resides outside the boundaries of a school district served by the Special School District (SSD) of St. Louis County, SSD will provide services pursuant to the Reciprocal Agreement between SSD and Hancock Place School District. Full due process and Free and Appropriate Public Education (FAPE) protections remain the responsibility of the parent / student's home or residing district.

I FURTHER UNDERSTAND THAT MY CHILD MUST COMPLY WITH ALL RULES, REGULATIONS AND
POLICIES OF THE HANCOCK PLACE SCHOOL DISTRICT.

Parent Signature

Date

Please submit this form to the Principal of the school where you would like your child to attend.

For Official Use Only

Recommend _____

Do not recommend _____

Comments: _____

Principal's signature _____

Date _____

Recommend _____

Do not recommend _____

Please send signed document to the Director of Student Services in the Administration Building

Approval by Superintendent / Designee _____

Date _____