

K-8 Residency/Tuition Verification Form

Student: _____ Grade _____

Student Address: _____ City _____

Parent/Guardian: _____ Phone Number _____

K-8 School: _____

The student listed above has contacted our school district and is a resident student of our school district.

K-8 School Personnel Signature: _____

Date: _____

This form must be signed by an Administrator or Building Secretary

Fax # 417-255-8670

Tuition will not be paid by our school district for the student listed above.

Reason: _____
