

LAKE PLACID CENTRAL SCHOOLS
50 CUMMINGS ROAD
LAKE PLACID, NEW YORK

APPLICATION FOR NON-RESIDENT STUDENT ADMISSION ON CASH TUITION BASIS

School for which transfer-in is requested Dated _____

Name: _____
Last First Middle Birth date

Address: _____
Street City State Zip Telephone

Name of Parent, Legal Guardian or Custodian:

Last First Middle

Address: same / or _____
Street City State Zip Telephone

School Now Attending or Last Attended:

Name of School Grade School District

Address: _____
Street City State Zip Telephone

Name of School Principal: _____ Telephone _____

Reason for Transfer Request: _____

I request that _____ be admitted as a student in the Lake Placid Central Schools,
based upon the payment of cash tuition at the time of approval for such enrollment.

Signature of Parent, Legal Guardian, Custodian
Date: _____

I hereby recommend that this application be _____
Approved/Denied

School Principal
Date: _____

This request is hereby _____. Full tuition is due prior to the beginning of school.
Approved/Denied

Please note that the deadline for approval is the last day of June each year.

Amount of Advance Tuition Due: _____