

Stoughton Area School District
9 Week Waiver Form

Per Wisconsin State Statute:

9 Week Waiver - Student is a non-resident and attends under s. 121.81(2). If the student achieves residency within the initial 9 weeks, the Board may elect to waive tuition. If tuition is waived, the district should amend the pupil count to reflect residency. If the student does not achieve residency within the initial 9 weeks, parents may request a second nine week period. If within the second 9 week period, the student achieves residency, the Board may elect to waive tuition. If tuition is waved, the district should amend the pupil count to reflect residency. If the student does not achieve residency within the second 9 week period, the Board must charge tuition for all dates of service until such time the student does achieve residency.

Parent Name (Print): _____

Current Address: _____

City/State/Zip Code: _____

Home Phone #: _____ Day Phone #: _____

Address Where Moving in Stoughton Area School District, if known:

Student(s) Name & Grade _____ / _____ DOB: _____
& Date of Birth (DOB)

_____ / _____ DOB: _____

_____ / _____ DOB: _____

_____ / _____ DOB: _____

I verify that my student(s) will become a resident of the Stoughton Area School District by the end of the first 9 weeks of classes of the current school year. If my student(s) has not moved into the district by the end of the first 9 weeks of classes, I may request an additional 9 week waiver. At the end of this extension (total of 18 weeks), if my above listed student(s) has not obtained residency in the district, I, being custodial parent/legal guardian of said student(s), agree to pay the full tuition cost for each of the above listed students in attendance.

Custodial Parent/Legal Guardian Signature: _____

Brief Narrative if needed: _____
