

Dublin City School District

Students 5111 F7 Revised 8/15/19

Request for Tuition Exemption Nonresident Senior Application

School:	Date:	
Student's name:		
Parent/Guardian name:		
Address:		
Home phone:	Work phone:	
Reason for request:		
Date of move:		
Name, address, and phone number of resid	dent with whom student shall reside,	if applicable:
Parents of the student are requested to		
permission for their student to complete reason for the request. Also please atta	ch proof of residency verifying tha	
the Dublin City School District at the sta	art of this school year.	
Parent/Guardian Signature	Date	
Student Signature	Date	
Resident Signature	Date	2
Deputy Superintendent's Signature		2