

**Annapolis Valley Regional School Board
RECORD OF STUDENT TUITION**

Student Information:

Name: _____ DOB: _____

School: _____ Grade: ____ Homeroom Teacher: _____

Address (Civic): _____ Address (Mailing – if different): _____

_____ Postal C. _____ Postal C. _____

Legal Guardian(s): _____ Phone: _____

Application Date: _____ School Principal: _____

Tuition Program Sought:

Location: _____

Description: _____

Anticipated Cost: _____

Attachments:

Attached there must be a copy of the decision from the Ministerial Board of Appeal relating to this student.

Signature of Coordinator of Student Services

Copies: Original to Coordinator of Student Services
Student Confidential Documents Envelope
Legal Guardian(s)