



2023-2024 Fairmount Elementary School Application for Placement of Tuition Free Student for Grades K through 5

If you have more than one child applying for the tuition free program, please complete a separate application for each child. Children residing in other states outside of Tennessee are not eligible to participate in the tuition free program.

Student's Name _____
Last First Middle

Name of Parent/Guardian _____

Residential Address of Parent/ Guardian _____

City State Zip County

Phone: _____ Email: _____

School System Employee: Yes _____ No _____ Student's Grade for 2023-2024 School Year: _____

If applicable, please list tuition free siblings who will attend **Fairmount Elementary School** during the 2023-2024 School Year:

Name of Tuition Free Sibling(s) attending Fairmount Elementary for SY 2023-2024 Grade for 2023-2024 School Year

If applicable, please list tuition siblings who will attend **Tennessee Middle or Tennessee High School** during the 2023-2024 School Year:

Name of Sibling(s) School Grade for 2023-2024 School Year

PARENT AGREEMENT

As Parent or Guardian of this student, I affirm that I have not given any false information and agree to the following conditions if my child is approved to attend Fairmount Elementary as a tuition free student:

- I will abide by the guidelines of School Board Policy #6.204 – Attendance of Non-Resident Students.
- I will provide my child's transportation to and from school. My child will arrive at school on time and will be picked up from school on time. My child will attend school regularly and their behavior at school will be acceptable.
- If applicable, I will provide all school records from my child's previous school, including grades, attendance, behavior, and any other educational records for consideration for approval of enrollment.

Signature of Parent or Guardian: _____ Date: _____

Do Not Write Below Line – Office Use Only

Tuition Approved _____ Tuition Denied _____

Signature of School Principal or Designee: _____ Date Received: _____

Signature of Director or Designee: _____ Date Received: _____

Return Form to:
Bristol Tennessee City Schools
Student Services Office
615 Martin Luther King Jr. Blvd
Bristol, TN 37620
Or email to: studentservices@btcs.org