

# Request to Enroll Nonresident, Tuition-Paying Student



Office of Student and Family Support and Engagement  
Office of the Chief Financial Officer  
MONTGOMERY COUNTY PUBLIC SCHOOLS (MCPS)  
Rockville, Maryland 20850

**MCPS Form 335-73A**  
**September 2018**

**DIRECTIONS:** The following steps need to be completed to enroll a nonresident, tuition-paying student in MCPS.

- Parent/guardian/responsible adult completes Part I of this form and submits to International Admissions and Enrollment (IAE).
- IAE reviews the request and, in consultation with the Office of the Chief Financial Officer and the requested school(s) principal(s), takes into consideration factors such as building utilization as well as potential school options and available space at the student's grade level.
- IAE completes Part II of this form and returns it to the parent/guardian/responsible adult with a copy to Division of Controller.
- If the request is granted, the parent/guardian/responsible adult contacts the Division of Controller to complete Part III of this form and submits payment to the Division of Controller.
- Division of Controller will provide the parent/guardian/responsible adult with a receipt of payment, and a copy of this form.
- Parent/guardian/responsible adult provides a copy of this form and the receipt of payment to the approved school.
- The approved school enrolls the student.

**PART I: NONRESIDENT INFORMATION: To be completed by Parent/Guardian/Responsible Adult**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Current School \_\_\_\_\_ Current Grade \_\_\_\_\_

Address \_\_\_\_\_

Name of Person Responsible for Student \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone \_\_\_\_-\_\_\_\_-\_\_\_\_ Work Phone \_\_\_\_-\_\_\_\_-\_\_\_\_ Cell Phone \_\_\_\_-\_\_\_\_-\_\_\_\_

School Requested: First Choice \_\_\_\_\_

School Requested: Second Choice \_\_\_\_\_

School Requested: Third Choice \_\_\_\_\_

Is the prospective student the child, grandchild, sibling, niece, or nephew, of any MCPS employee?\*  Yes  No

\*Please see MCPS Regulation CGA-RA, *Employee Conflict of Interest*. If "YES" checked above, please complete section below:

Employee Name	Relation to Student	Full Time or Part Time	Location

Does the student have an Individualized Education Program (IEP) or a Section 504 Plan? \*\*  Yes  No

\*\* If the student has an IEP, placement of the student in MCPS must be determined by the IEP team. There is no guarantee the placement will be at the requested school of choice.

**Please provide a reason for this request to enroll the student as a tuition-paying student in MCPS:**

**Parent/Guardian/Responsible Adult Acknowledgment and Signature**

- I understand that MCPS reserves the right to determine placement and that a family's willingness to pay tuition does not guarantee placement in the school of choice.
- I understand that the approval for enrollment in MCPS remains valid for enrollment in the approved school only. All changes, including change of level (elementary, middle, high school) must be re-submitted as a new request through IAE.
- I understand that, if approved for enrollment, lack of adherence to Board of Education policies, MCPS regulations, or school rules may be cause for withdrawal of the student.
- I understand that, if approved for enrollment, the student is not eligible for athletics without an athletics waiver from the MCPS Athletics Unit.

Responsible Adult Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART II: Decision (to be completed by IAE)**

The above request is

- Approved Beginning: \_\_\_\_/\_\_\_\_/\_\_\_\_ MCPS ID # \_\_\_\_\_
- Not Approved Reason: \_\_\_\_\_

For (name of school) \_\_\_\_\_

Signature, IAE \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART III: TUITION INFORMATION: To be completed by Division of Controller**

Annual Tuition \$ \_\_\_\_\_ (If IEP is in place, tuition is based on services required—the rate of which will be determined by the Office of Special Education Services, Division of Business, Fiscal and Information Systems, and obtained by IAE prior to approval or denial of enrollment. Please see MCPS Regulation JED-RA, *Tuition-Based Enrollment*.)

- MCPS Employee
- Full Course Load
- Partial Course Load: # of courses \_\_\_\_\_

Method of Payment

- Payroll deduction—all MCPS employees must either do payroll deduction or pay annually
- Annual—must be paid prior to August 1 or student will be withdrawn
- Semester—must be paid by August 1 and December 31 or student will be withdrawn

Signature, Division of Controller \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent/Guardian/Responsible Adult Acknowledgment and Signature**

- I agree to accept the responsibility for the nonresident tuition fees. I understand that a late charge of \$25 will be incurred on any payment not made as scheduled. I understand failure to make scheduled payments will result in the student being withdrawn from school and could result in the withholding transfer of records.
- I understand that all payments must be made by cashier check or money order. I understand checks should be made payable to MCPS and sent to the Division of the Controller, Receipts Office, 45 West Gude Drive, Suite 3200, Rockville, MD 20850.
- I understand that the student may not start school until all appropriate forms are completed and fees paid.
- I understand any refund will be returned only to the individual who paid the tuition fees.
- I agree to repay MCPS for any legal costs which may be necessary to collect any moneys due to the school system resulting from nonpayment of tuition.

Responsible Adult Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART IV: SCHOOL ENROLLMENT: TO BE COMPLETED BY APPROVED SCHOOL PRINCIPAL/DESIGNEE**

The parent/guardian/responsible adult for the student has provided receipt of payment to the principal/designee and enrolled the student on \_\_\_\_/\_\_\_\_/\_\_\_\_ (date of enrollment)

Signature, Principal/Designee \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**DISTRIBUTION:** ORIGINAL/Student Cumulative Folder; COPY 1//Division of Controller, Receipts Office; COPY 2/Approved School; COPY 3/International Admissions and Enrollment; COPY 4/Parent/Guardian/Responsible Adult  
**The Division of Controller, Receipts Office will make distribution.**