

**EVANSVILLE COMMUNITY SCHOOL DISTRICT  
TUITION AGREEMENT**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parents/Guardians, Adult Student name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

If tuition is required and student is admitted, I agree to pay tuition.

\_\_\_\_\_  
Signature of Parent/Guardian or Adult Student (Date)

District Administrator's Approval of recommendation: Yes \_\_\_ No \_\_\_

Board's decision: Yes \_\_\_ No \_\_\_

If application refused, explain:

\_\_\_\_\_

\_\_\_\_\_

Tuition Charged \_\_\_\_\_ Payment Due \_\_\_\_\_ Date Paid \_\_\_\_\_

\_\_\_\_\_  
(Signature of Business Manager) (Date)

\_\_\_\_\_  
(Signature of Board of Education Clerk) (Date)