

DEPARTMENT OF PUPIL ACCOUNTING, SCHOOL BOUNDARIES, AND STUDENT TRANSFERS  
 PRINCE GEORGE'S COUNTY PUBLIC SCHOOLS  
 UPPER MARLBORO, MARYLAND 20772

## Request for Waiver of Tuition

### PUPIL INFORMATION

Last Name	First Name	M.I.	Sex	Birthdate	Age	Prince George's County School	Grade
1. _____	_____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____	_____

LAST SCHOOL ATTENDED FOR EACH STUDENT LISTED ABOVE

1. _____	<div style="border: 1px solid black; padding: 5px; background-color: #cccccc;"> <p style="margin: 0;">OFFICE USE ONLY</p> <table border="1" style="margin: 0 auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p style="margin: 0;">SCHOOL NUMBER</p> </div>					
2. _____						
3. _____						

### Applicant Information

(Information about the adult with whom the pupil will live.)

Last Name	First Name	M.I.	Relationship to Pupil	<div style="border: 1px solid black; padding: 5px; background-color: #cccccc;"> <p style="margin: 0;">OFFICE USE ONLY</p> <table border="1" style="margin: 0 auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p style="margin: 0;">BLOCK NUMBER</p> </div>					
Street Address			Apt. No.						
City	State	Zip Code	Home Phone	Work Phone					

### Parent Information

FATHER	MOTHER				
Last Name	First Name	M.I.	Last Name	First Name	M.I.
Street Address			Street Address		
Apt. No.			Apt. No.		
City	State	Zip Code	City	State	Zip Code

**Reason for Request** (Why pupil is not living with parent(s) or court appointed legal guardian(s).)

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Use the reverse side for additional comments or attach other supporting evidence.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date