

Tuition

School Year 2015-2016

***Biloxi Public Schools* accepts tuition students on an individual basis according to district policy JBCD and approval by the school board. Students are accepted based on *academic, behavior and attendance* history.**

Tuition Fees

There are two tuition scales, depending on where the family lives.

- For families living inside the “annexed area”, i.e. Eagle Point or Woolmarket, but outside of the school district zone, the fee is \$500.00 per school year.
- For families living outside of the Biloxi city limits, the fee is \$1,200.00 per school year.

First time applicants must call to confirm the fee for your residence.

A minimum of 50% is due prior to enrollment. **Balance is due no later than December 4, 2015.**

Tuition is non-refundable once student has attended class during a semester.

How to Apply

The following items are required **each year** and may be downloaded at www.biloxischools.net by clicking on **tuition** and the **links** for the forms.

Tuition forms may also be picked up at Student Services.

- **Tuition Application**
- **Tuition Agreement**
- **Behavior Statement** (submit to principal before end of year)
- **Most recent report card**
- **Student Release (from home district)**

Where to Apply

First time applications, along with payments, must be brought to Student Services.

Call (228) 374-1810 ext. 1125 for office hours.

Returning students may mail completed documents and payments.

When to Apply

Tuition applications for the 2015-2016 School year **will** be accepted **June 1st - July 12th** for returning tuition students and **June 15th – July 17th** for new tuition students.

Tuition applications **will not** be accepted during registration week of July 20th – 24th. **Registration begins July 13th.**

Please Note:

Transportation is not provided and is the responsibility of the parent/guardian.

For questions about Athletic eligibility contact the Athletic Director at (228) 435-6310.

For more information contact Student Services:

160 St. Peters Ave., Biloxi, MS 39530

Phone: (228) 374-1810 ext. 1125 Fax: (228) 374-1078

Email colleen.bosarge@biloxischools.net

Biloxi Public Schools

Tuition Student Application

Phone: (228) 374-1810 ext. 1125 Fax: (228) 374-1078 www.biloxischools.net

Name of Student

Grade

Birthdate

Street Address

City

State

Zip

Name of Parent

Telephone Number

School District Where You Live

Email

School Requested

Tuition Fee

Is your child a returning tuition student?

YES

NO

Is your child an IDEA (special education) student? If "YES" attach a current copy of IEP.

YES

NO

Is your child currently on a 504 plan? If "YES" attach copy of plan.

YES

NO

Does your child require any special medical care? If "YES" explain below.

YES

NO

Does your child take medication daily? If "YES" explain below.

YES

NO

Comments relating to IDEA (special education), 504 plan, medical care or medication:

I understand that students who participate in extracurricular activities may lose eligibility.

I understand it is the parents responsibility to contact the Athletic Director at (228) 435-6310 to determine eligibility.

I understand that 1/2 of the annual tuition fee is due upon application and the remainder is due by December 4, 2015.

I understand that tuition is **NONREFUNDABLE** once my child attends school during a semester.

I understand that the school district does not provide transportation for tuition students.

Reason for application:

I hereby request that the Board of Trustees of the Biloxi Public School District approve my child's application to attend Biloxi Public Schools during the 2015-2016 school year. I swear that the information provided here is true and current.

Signed: _____

Parent/Guardian

Date: _____

FOR OFFICE USE ONLY:

Approved: _____

Student Services

Date: _____

Biloxi Public Schools

Tuition Behavior Statement

Parent/Guardian: Please fill out the information below and sign the following statement. Give this form to the principal of the **last school attended** in order that the information requested may be released to the *Biloxi Public School* district.

Name of Student Address

() _____

Phone

Name of last school attended

Grade (last year)

I hereby give my permission for release of the information requested below:

Signature of Parent/Guardian

Date

Principal: Before the *Biloxi Public Schools* will consider accepting and enrolling the student named above as a tuition student, it is necessary that you complete the information below and mail to: Biloxi Public Schools, c/o Director of Student Services, P.O. Box 168, Biloxi, MS 39533 or **Fax to: (228) 374-1078.**

Name of Principal

School

District

Has the student named above ever been involved with discipline issues resulting in, but not limited to, suspension or expulsion? _____

YES

NO

If yes, please explain: _____

Has the student named above ever been assigned to an alternative setting? _____

YES

NO

If yes, please explain: _____

Is the student named above considered to have excessive tardies or absences? _____

YES

NO

If yes, please explain: _____

I certify that the student named above is currently in good standing, exhibits acceptable conduct and attendance and that the above responses are true and correct.

Signature of Principal

Phone

Date



BILOXI PUBLIC SCHOOLS

AUTHORIZATION FOR CONSENT TO RELEASE/OBTAIN INFORMATION

Student: _____ School: _____

SSN: _____ Sex: _____ Birth Date: _____ Effective as of: ____ / ____ / ____

AUTHORIZATION FOR THE USE AND DISCLOSURE OF INDIVIDUALLY IDENTIFIABLE INFORMATION

I hereby authorize the use or disclosure of my individually identifiable information as described below.

1. SPECIFIC INFORMATION TO BE RELEASED:

- | | | |
|---|---|--|
| <input type="checkbox"/> Education Reports | <input type="checkbox"/> Medical History/Status | <input type="checkbox"/> Attendance/Behavior Reports |
| <input type="checkbox"/> Psychological Evaluation | <input type="checkbox"/> Physical Examination | <input type="checkbox"/> Immunization/Health Report |
| <input type="checkbox"/> Psychiatric Evaluation | <input type="checkbox"/> Developmental/Social History | <input type="checkbox"/> Progress Notes |
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Lab Reports | |
| <input type="checkbox"/> Other _____ | | |

2. I, _____, hereby consent to the exchange of information
Student's legal guardian/representative

between Biloxi Public Schools and _____
Name and address of person or specific organization

3. I hereby consent to my records being released by facsimile (FAX) No Yes/Fax # _____
4. I understand that a facsimile of this consent is considered as valid as if it were the original.
5. This authorization expires 12 months from effective date.
6. I understand that this authorization is voluntary and that I may refuse to sign this authorization.
7. I understand that I may inspect or copy the information used or disclosed.
8. I understand that I may revoke this authorization at any time by notifying Biloxi Public Schools in writing.
9. Please send requested information to _____

Signature of Student's legal guardian/representative

Date

Printed name of Student's legal guardian/representative

Relationship to Student or representative's authority to act for the Student

Witness' Signature

Date

Biloxi Public Schools

Tuition Agreement

Student Name _____

Grade _____ **School** _____

Student: I understand that attending *Biloxi Public Schools* as a *Tuition Student* is a privilege. I understand that as a tuition student I will be closely monitored for *Attendance, Behavior and Academic Performance*. I understand that I may be asked to withdraw for the reasons listed:

_____ **Excessive Absences, Tardiness & Checkouts**

_____ **Reaching Step 6 of the Discipline Ladder**

_____ **Failure of Core Subject (Semester grade)**

Signed: _____

STUDENT SIGNATURE (Required for Junior High and High School Students)

Parent Name _____

Parent: I understand that attending *Biloxi Public Schools* on *Tuition Status* is a privilege for my child. I understand that as a tuition student I will be closely monitored for *Attendance, Behavior and Academic Performance*. I also understand that at least one half of the fee is due prior to enrollment and the remainder is due by **December 4, 2015**. I understand that my child may be asked to withdraw for the reasons listed:

_____ **Excessive Absences, Tardiness & Checkouts**

_____ **Reaching Step 6 of the Discipline Ladder**

_____ **Failure of core subject (Semester grade)**

_____ **Failure to pay tuition by the date due**

Signed: _____

PARENT SIGNATURE

Student Release

from Home District

(where your child is zoned to attend)

You must obtain a release for each tuition student, **each year** they attend ***Biloxi Public Schools*** as a tuition student.

Please call the Home District for where you live to obtain instructions on how to get a release from their district.

Gulfport	(228) 865-4600
Harrison County	(228) 539-6500
Ocean Springs	(228) 875-7706
Long Beach	(228) 864-1146
Jackson County	(228) 826-1757
Hancock County	(228) 255-0376
Pass Christian	(228) 255-6200
Pascagoula	(228) 938-6491
Moss Point	(228) 475-0691

Most Recent Report Card

This form is required even if child attended
Biloxi Public Schools last year.

Does not apply
to Kindergarten Students