



# EAST LYME PUBLIC SCHOOLS

P.O. Box 220 • East Lyme, Connecticut 06333 • (860) 739-3966 • Fax (860) 739-1215

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*Superintendent of Schools*

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## Non-Resident Application for Tuition Student

Superintendent of Schools  
East Lyme Public Schools  
P.O.Box 220  
East Lyme, CT 06333

I would like to enroll my child in the East Lyme Public Schools, in grade \_\_\_\_\_  
for the school year \_\_\_\_\_.

Student Name: \_\_\_\_\_

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

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

Parent(s) or Guardian Name: \_\_\_\_\_

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

Reason for request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Education or Other Unique Requirements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent of Schools

Recommended Approval  
 Yes  No