



2024-2025 Student Intent to Return Form Current Out of District

PLEASE TYPE OR PRINT

I attest that my child _____, a student at _____ School intends to return to this school for the 2024-2025 school year. I understand that since I do not reside within the attendance zones of Henry County, I must pay tuition for my children to remain enrolled in the Henry County School System. I understand that by submitting this Intent to Return, I will be responsible for paying half (1/2) the cost of tuition (\$1,700), before my child will be allowed continued enrollment and tuition must be paid prior to the beginning of each semester. I further understand if I misrepresent information to my residency and/or legal guardianship status, I will be assessed a fine of half (1/2) of the total tuition amount paid for my family or my child(ren) will be immediately withdrawn from the Henry County School System.

Return this form to your child's school no later than March 22, 2024.

Parent/Legal Guardian Signature

Date

Phone Number

_____ My child(ren) will not attend _____ School in Henry County next year

Office use Only

Date/Time Received: _____ By: _____

Tuition Checklist

_____ \$1,700 Student Tuition

_____ Number of Siblings

_____ Sibling Tuition (\$1,700 per sibling)

_____ Superintendent Release Form

Siblings/Grade:

Superintendent's Signature/Date

Principal's Signature/Date