



TUITION ADJUSTMENT REQUEST

Please complete this form and return or fax (303-757-6145) to the Business Office, attention Dagmar Haberkorn.

Parent/Guardian Name(s) _____

Street Address _____

City, State, Zip _____

Please let us know who we can contact during the day about this application.

Name/Phone: _____

Please indicate if you are a new or returning family to MSD. New Returning

Please indicate if there is more than one household in your family. Yes No

If you are separated or divorced, do you have sole educational financial responsibility? Yes No

Name and address of second household:

Parent/Guardian Name(s) _____

Street Address _____

City, State, Zip _____

Please indicate if you desire your child(ren)* to be enrolled in the Before School and/or After School Program(s):

Before School (7:30-8:10am) Yes No After School (3:00-6:00pm) Yes No

Please complete the following information for each of your children enrolled in, or applying to, MSD (Toddler,* Primary,* Lower Elementary, Upper Elementary, or Middle School Program):

Student Name _____ Age _____ MSD Program _____

Student Name _____ Age _____ MSD Program _____

Student Name _____ Age _____ MSD Program _____

Other Financial Support: Please list source(s) of tuition payments _____

and amount(s) \$ _____.

Please indicate the total amount of annual (not monthly) tuition you are able to pay for each child to attend MSD \$ _____.

Please explain your financial situation on your FAST application online. All information is held confidential.

**Tuition Adjustment is not available for student's enrolling in the Toddler or Primary Programs.*

Please note that false information, failure to disclose full financial status, or other financial support, may result in forfeiture of a Tuition Adjustment.