

2025-26 Tuition Waiver Request Form
Out of District Students
Alexander City Schools
Grades 7-11

Student Name: _____

Parent/Guardian: _____

Grade (**for the 2025-26 School Year**): _____

Please list in the space below what programs you currently or will be participating in (Clubs, Sports Team, Band, Other Extracurricular Activities) as a student at ACMS or BRHS for the 2025-26 school year. Waiver Request forms will be reviewed by the Superintendent and/or his designee. **Please turn in a copy with your Out of District paperwork to the Office of Student Support Services in order to be considered for a Waiver request.**
