Rockbridge County Public Schools / In-County Transfer Student Application
2019-2020 School Year

DIRECTIVE: 1) Submit this completed form to the principal of your child's attendance area school. **2)** The signed form will be returned to the parent from the principal. **3)** It is the responsibility of the parent to submit the signed form to the requested school to be processed.

PLEASE COMPLETE THE FOLLOWING INFORMATION AS COMPLETELY AS POSSIBLE. PLEASE PRINT ALL INFORMATION.

Student Name: _____ **Student Date of Birth:** ___/___/___ **Age:** _____
Last First Middle

SCHOOL ATTENDANCE AREA:

Central Elementary School	( )
Fairfield Elementary School	( )
Mountain View Elementary School	( )
Natural Bridge Elementary School	( )

SCHOOL AND GRADE FOR WHICH APPLICATION IS BEING MADE FOR THE 2019-2020 SCHOOL YEAR:
School: _____
Grade: _____

SCHOOL YOUR CHILD ATTENDED DURING THE 2018-2019 SCHOOL YEAR: _____

DID YOUR CHILD ATTEND THIS SCHOOL DURING THE 2018-2019 SCHOOL YEAR UNDER THE STUDENT TRANSFER APPLICATION PROCESS?
Yes___ **No**___

Parent/Guardian: _____ **Telephone Number (home)**:_____
Mailing Address: _____ **Father's Work Number**: _____
_____ **Mother's Work Number**:_____

Is Parent/Guardian employed by Rockbridge County Public Schools? Yes _____ **No** _____ **Location:** _____

- Number of school days missed over the past 12 months: _____
- Does your child currently receive additional support services? If yes, what types? (Title I, Gifted Education, Special Education, etc.)
  _____
- Has your child had disciplinary problems or referrals at the previous school? Yes _____ No _____
  If yes, please indicate any disciplinary problems encountered at the previous school:
  _____
  _____
- Please provide an explanation of why you would like your child to attend a Rockbridge County Public School outside of your attendance area:
  _____
  _____
  _____
  _____

I attest to the best of my ability that all of the information given is accurate. Any misrepresentation may result in the denial of this application. If this request is granted, I understand that it is my responsibility to provide transportation and that I will need approval from the Supervisor of Transportation to utilize an existing connecting point in an established bus route. I understand that if my child fails to maintain acceptable standards of conduct, attendance, and student performance, approval will be revoked. I understand that this request must be resubmitted annually. Student requests will not be reviewed prior to June 1, 2019; it is the intent that parents/guardians will be notified after July 1, 2019.

Parent/Guardian Signature: _____ **Date**: _____

SCHOOL ADMINISTRATION USE ONLY	SIGNATURES	DATE	APPROVED	DENIED
Attendance Area School Principal				
If denial, reason:				
Requested School Principal				
If denial, reason:				
Assistant Superintendent				

ICT/RH/19-20