## Rockbridge County Public Schools / <u>Non-Resident Student Application</u> 2019-2020 School Year

	this completed form to the		:						· •	
	School Administrators reserve ge Public County Schools.  Th						ie school ye	ear accordi	ng to i	the best
	THE FOLLOWING INFORMATI									
							. ,			
Student Name:	Last Fir		Middle	S	tudent Dat	e of Birth:	//_	A	ige: _	
	DE FOR WHICH APPLICATION			2020 cch	OOL VEAD					
	DE FOR WHICH APPLICATION		HE ZUIS	<b>-2020 3</b> Cn	OUL TEAK.					
Grade:										
SCHOOL YOUR CHIL	D ATTENDED DURING THE 2	018-2019 SCHOOL	VEAR:							
	TTEND THIS SCHOOL DURING						DI TOATTON	DDOCESS!		
Yes No	LEND 1012 SCHOOL DOKEN	3 THE <u>ZU10-ZU13</u> 3	LHUUL 1LA	AK UNDER 1	HE STUDENT	KANSFER AFI	LICATION	PROCESS:	<u>.                                    </u>	
Parent/Guardia	n:			Te	elephone N	umber (ho	me):			
Mailing Address					=	<del>-</del>	_			
Maning Addi Coo	•	Father's Work Number: Mother's Work Number:								
T- D-wort/Guaw	diam amplement by Book			<del></del>						
	dian employed by Rock	briage County Fu	DIIC SCIR	DOIS: 165	; IN	·O	Location	:		
Resident of: Alleghany County	( ) Amherst County	v ( ) Augusta	County (	') E	Buena Vista (	City ( )	Lexinato	on City (	)	
	( ) / minicipe double		-	. /	, , , , , , , , , , , , , , , , , , , ,	, , ,		<i>y</i> <b>c</b> , (	,	
,										
	ol days missed over the p									
• Does your child	currently receive addition	al support services?	If yes, v	vhat types?	? (Title I, Gi	fted Education	on, Specia	al Education	on, et	c.)
	nad disciplinary problems of dicate any disciplinary pro					)				
■ Please provide a	an explanation of why you		ld to atte	nd a Rockh	ridae Count	v Public Scho	and outside	e of vour	atteno	dance
area:	III explanation of mily 100	Would like your c	iu to acc.	lu a nocho	mage count	y i ubiic oci	JOI Galaia.	s or your .	acc	Juinee
I attest to the best	of my ability that all of the	e information given is	s accurate	. Any misr	epresentation	n mav result	in the den	ial of this	applic	ation. If
this request is gran	nted, I understand that it is	my responsibility to	provide tr	ransportatio	on. No bus s	ervice is avai	ilable for n	on-resider	nt stud	dents. I
	my child fails to maintain a nis request must be resubn									
	will be notified after July 1,									
	tudents for whom Rockbrid Il under the non-resident st						the 2018-1	19 school y	year <u>w</u>	ill not
Parent/Guardia	_					Date:				
Upon approval, che	ecks for tuition should be m	nade payable to Rock	bridge Co	unty Public	Schools. Pay	ment should	be maile	d to Rock	bridge	County
Public Schools, Att	tention: Non-Resident Tu									
Rockbridge County	Public Schools.)									
SCHOOL ADMIN	IISTRATION USE ONLY	SIGNATURES					AF	PROVED	DENIED	
Requested Sch										
If denial, reason:										
Assistant Superin	ntendent								<u> </u>	
		TUTION AMOUNT DUE		PAYMENT	AMOUNT	DATE	AMOUNT	DATE		PAID IN FULL
		TUITION WAIVED		Log						