

**Rockbridge County Public Schools / Non-Resident Student Application**

2018-2019 School Year

**Directive:** Submit this completed form to the principal of the requested school for which application is being made.

Rockbridge County School Administrators reserves the right to admit or deny non-resident students at any time during the school year according to the best interest of Rockbridge Public County Schools. Thank you for your interest in Rockbridge County Public Schools.

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

**Student Name:** \_\_\_\_\_ **Student Date of Birth:** \_\_\_/\_\_\_/\_\_\_ **Age:** \_\_\_\_\_  
 Last First Middle

**SCHOOL AND GRADE FOR WHICH APPLICATION IS BEING MADE FOR THE 2018-2019 SCHOOL YEAR:**

**School:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**SCHOOL YOUR CHILD ATTENDED DURING THE 2017-2018 SCHOOL YEAR:** \_\_\_\_\_

**DID YOUR CHILD ATTEND THIS SCHOOL DURING THE 2017-2018 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:** \_\_\_\_\_

**Resident of:**

Alleghany County ( ) Amherst County ( ) Augusta County ( ) Buena Vista City ( ) Lexington City ( )

Other Locality: \_\_\_\_\_

- 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. No bus service is available for non-resident students. 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, 2018; it is the intent that parents/guardians will be notified after July 1, 2018. I understand that there is a nonrefundable tuition fee of \$200 per year (\$100 per semester).

**PLEASE NOTE:** Students for whom Rockbridge County Public Schools have not received full tuition payment for the 2017-18 school year will not be allowed to enroll under the non-resident student transfer application process for the 2018-19 school year.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Upon approval, checks for tuition should be made payable to Rockbridge County Public Schools. Payment should be **mailed** to Rockbridge County Public Schools, Attention: Non-Resident Tuition, 2893 Collierstown Road, Lexington, VA 24450. (Tuition fee is waived for employees of Rockbridge County Public Schools.)

| SCHOOL ADMINISTRATION USE ONLY    | SIGNATURES |             |        | DATE | APPROVED | DENIED       |
|-----------------------------------|------------|-------------|--------|------|----------|--------------|
| <b>Requested School Principal</b> |            |             |        |      |          |              |
| If denial, reason:                |            |             |        |      |          |              |
| Assistant Superintendent          |            |             |        |      |          |              |
| TUITION AMOUNT DUE                |            | PAYMENT LOG | AMOUNT | DATE | AMOUNT   | DATE         |
| TUITION WAIVED                    |            |             |        |      |          |              |
|                                   |            |             |        |      |          | PAID IN FULL |