Rockbridge County Public Schools / Non-Resident Student Application
2020-2021 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 2020-2021 SCHOOL YEAR:
School: _____
Grade: _____

SCHOOL YOUR CHILD ATTENDED DURING THE 2019-2020 SCHOOL YEAR: _____

DID YOUR CHILD ATTEND THIS SCHOOL DURING THE 2019-2020 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, 2020; it is the intent that parents/guardians will be notified after July 1, 2020. 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 2019-20 school year will not be allowed to enroll under the non-resident student transfer application process for the 2020-21 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
Requested School Principal				
If denial, reason:				
Assistant Superintendent				

TUITION AMOUNT DUE		PAYMENT LOG	AMOUNT	DATE	AMOUNT	DATE	PAID IN FULL
TUITION WAIVED							

NR/RH/20-21