Rockbridge County Public Schools / In-County Transfer Student Application
2024-2025 School Year

For additional applications, please check our website at: www.rockbridge.k12.va.us (Parents & Students / Enrolling your Students)

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. (ONE FORM FOR EACH CHILD.)

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

SCHOOL ATTENDANCE AREA: Central Elem. School ☐ Fairfield Elem. School ☐ Mountain View Elem. School ☐ Natural Bridge Elem. School ☐

2024-2025 SCHOOL YEAR / SCHOOL AND GRADE FOR WHICH APPLICATION IS BEING MADE:

ELEMENTARY SCHOOL: Central Elem. School ☐ Fairfield Elem. School ☐ Mountain View Elem. School ☐ Natural Bridge Elem. School ☐
GRADE: _____ (K-12 for the 2024-2025 school year)

2023-2024 SCHOOL YEAR SCHOOL YOUR CHILD ATTENDED: _____

DID YOUR CHILD ATTEND THIS SCHOOL DURING THE 2023-2024 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 ☐ **Location**: _____ **No** ☐

- Number of school days missed over the past 12 months: _____
- Does your child currently receive additional support services? **Yes** ☐ **No** ☐ 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, 2024 it is the intent that parents/guardians will be notified after July 1, 2024.

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				