Rockbridge County Public Schools / Non-Resident Student Application
2025-2026 School Year

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

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. (ONE FORM FOR EACH CHILD.)

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

2025-2026 SCHOOL YEAR / SCHOOL AND GRADE FOR WHICH APPLICATION IS BEING MADE:

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

MIDDLE: ☐ Maury River Middle School **HIGH SCHOOL**: ☐ Rockbridge County High School

GRADE : _____ (K-12 for the 2025-2026 school year)

2024-2025 SCHOOL YEAR SCHOOL YOUR CHILD ATTENDED:_____

DID YOUR CHILD ATTEND THIS SCHOOL DURING THE 2024-2025 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**

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? ☐ **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. 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 2, 2025. It is the intent that parents/guardians will be notified after July 1, 2025. 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 2024-2025 school year will not be allowed to enroll under the non-resident student transfer application process for the 2025-26 school year.

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.)

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

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							