

**Rockbridge County Public Schools / Non-Resident Student Application**  
**2024-2025 School Year**

For additional applications, please check our website at: [www.rockbridge.k12.va.us](http://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

**2023-2024 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 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**

**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 1, 2024. It is the intent that parents/guardians will be notified after July 1, 2024. 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 2023-2024 school year will not be allowed to enroll under the non-resident student transfer application process for the 2024-25 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
	TUITION WAIVED						
							PAID IN FULL