

**Rockbridge County Public Schools**  
**Non-Resident Student Application Form: School Year \_\_\_\_\_ -- \_\_\_\_\_**

Please complete the following information as completely as possible. The Rockbridge County School Board will review this application and you will be notified of the decision as soon as possible. We reserve the right to admit or deny non-resident students at any time during the school year according to the best interest of Rockbridge County. We thank you for your interest in the Rockbridge County Public Schools.

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Last First Middle Mo. / Day / Year

School for which application is being made: \_\_\_\_\_ Grade: \_\_\_\_\_

School your child should attend according to the attendance area in which you live: \_\_\_\_\_

School your child attended during the past school year: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Father's Work Number: \_\_\_\_\_  
Mother's Work Number: \_\_\_\_\_

Resident of: Rockbridge County ( ) Lexington City ( ) Buena Vista ( ) Augusta County ( ) Amherst County ( )  
Other: \_\_\_\_\_

Number of school days missed over the past 12 months: \_\_\_\_\_

Does your child currently receive special education services? If yes, what types? \_\_\_\_\_  
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 the Rockbridge County Public Schools:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE:** This application is to be returned to the school for which application is being made. 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, 1972 Big Spring Drive, Lexington, VA 24450. Tuition for the school year is \$100 per semester or \$200 for the full year. Tuition must be paid for the semester or for the year prior to the student attending classes. If tuition is paid by the semester, tuition must be paid before the student may attend classes each semester. Tuition is not refundable for a change in residence on a semester basis and no refunds are made in the case of dismissal.

PRINCIPAL SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_ Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_  
SUPERINTENDENT/DESIGNEE SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_ Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_  
Tuition: \_\_\_\_\_  
Waived: \_\_\_\_\_