



LYNCHBURG CITY SCHOOLS NON-RESIDENT STUDENT APPLICATION FORM

Please complete all pages of this form. Please list only one student per form.

GENERAL INFORMATION:

- If approved, reassignment will be **for one year only** in the preferred school on a space-available basis only. **Applications must be submitted annually for consideration.** The Superintendent or their designee will make the final decision regarding the school placement.
- Students who have been suspended from former schools, have poor attendance or disciplinary records, or criminal charges against them may not be accepted.
- Placement in a preferred school will be on a space-available basis only. The Superintendent or their designee will make the final decision regarding the school placement.
- Tuition fees for any additional services will be calculated on the cost of required services.
- Nonresidents must provide transportation for their child.

SPECIAL NOTE FOR HIGH SCHOOL STUDENTS:

- If you are interested in participating in athletics, there are many Virginia High School League rules that regulate participation. For information, please contact the athletic director at the school to which you are requesting enrollment.

NEW STUDENTS TO LYNCHBURG CITY SCHOOLS MUST PROVIDE THE FOLLOWING INFORMATION WITH THIS APPLICATION:

- Grades
- Attendance
- Disciplinary records
- Reportable offenses

STUDENT INFORMATION	Current School: _____ <input type="checkbox"/> New Request <input type="checkbox"/> Renewal Request
	Name of Student: _____ Grade: _____ School Year: ____ to ____ <i>Pre-Kindergarten students are not eligible.</i>
	Preferred School: 1 st Choice: _____ 2 nd Choice: _____ 3rd Choice: _____
	Please indicate any of the following services the student currently needs, or may need this year (these may require additional cost). <input type="checkbox"/> Special Education (IEP) <input type="checkbox"/> 504 <input type="checkbox"/> Gifted <input type="checkbox"/> English Language Learner

PARENT/GUARDIAN INFORMATION	Name of Parent/Guardian: _____
	Physical Address: _____
	County: _____ E-mail Address: _____
	Mailing Address (if different from physical address): _____
	Zip: _____
	Home Phone: () _____ Work: () _____ Other: () _____
	Is the parent an employee of Lynchburg City School: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Place of Employment: _____
	Address of Employer: _____

Financial and Eligibility Agreement

1. I understand that I am financially responsible for all applicable tuition fees as well as fees for any special services for my son or daughter to attend Lynchburg City Schools. The cost will be determined and communicated to me after review of the application, using the fee schedule on the LCS website. I am responsible for making my payments when they are due (I may not receive a reminder notice). If my account is in arrears, my child may not be allowed to attend classes.
2. If my child is determined to need additional services, including eligibility evaluations, during the year, I may be charged for those services.
3. Should Lynchburg City Schools incur any expense in the collection of past due fees, I will be responsible for any legal or collection fees incurred. I certify that my son or daughter does qualify for enrollment, and I agree to abide by provisions of the tuition fee plan.
4. My child currently has satisfactory attendance, behavior and academic effort.
5. If my child has poor attendance, including tardiness, or has criminal charges brought against him/her during this school year, he/she could be removed from Lynchburg City Schools.
6. If false information is provided on this application, it is cause for denial of the request or reversal, if approval has been previously granted.

Signature: _____ Date: _____
 Parent/Guardian

Return to: Office of the Superintendent
 Lynchburg City Schools
 P. O. Box 2497
 Lynchburg, Virginia 24505-2497

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LCS ADMIN USE ONLY

Application Status Approved Disapproved

Signature – Superintendent or Designee: _____ Date: _____

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Signature – Superintendent or Designee: _____ Date: _____

(Tuition is waived for full time Lynchburg City Schools employees only)

Base Tuition \$ _____

Addition Services \$ _____

Total Cost: \$ _____

PREFERRED SCHEDULE OF PAYMENT	<p>Preferred schedule of payment (to be completed by Finance):</p> <p><input type="checkbox"/> Monthly Nine (9) payments; the first payment is due the first day of school and the remaining eight payments are due the first school day of each month thereafter.</p> <p><input type="checkbox"/> Quarterly Four (4) payments; the first payment is due the first day of school and the remaining three payments are due October 1, February 1, and April 1.</p> <p><input type="checkbox"/> Semester Two (2) payments; the first payment is due the first day of school and the second payment is due the first day of the second semester.</p> <p><input type="checkbox"/> Yearly One (1) payment. Full payment is due the first day of school.</p> <p><input type="checkbox"/> None No fee due to employee status.</p>
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