



Date Received: _____

LYNCHBURG CITY SCHOOLS NON-RESIDENT STUDENT APPLICATION FORM

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

GENERAL INFORMATION:

- 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 his 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.

STUDENT INFORMATION

Name of Student: _____

Returning Student: _____ New Student: _____ If New, school last attended: _____

Requesting to enroll my child in grade _____ for school year _____

Preferred School:

1st Choice _____ 2nd Choice _____ 3rd Choice _____

Are special education services required? _____ Yes _____ No

Are other special services required? _____ Yes _____ No

PARENT/GUARDIAN INFORMATION

Name of Parent/Guardian: _____

Physical Address: _____

Mailing Address (if different from physical address): _____

E-mail Address: _____

Home Phone (_____) _____ Work Phone (_____) _____ Other (_____) _____

Is the parent an employee of Lynchburg City Schools? _____ Yes _____ No

Place of Employment: _____

Address of Employer: _____

PREFERRED SCHEDULE OF PAYMENT	<p>THIS SECTION MUST BE COMPLETED BY <u>ALL</u> NON-RESIDENT APPLICANTS.</p> <p style="text-align: center;">Preferred schedule of payment for the base tuition of \$3,400.00. (Please check one)</p> <p><input type="checkbox"/> Monthly Nine (9) payments of \$377.78. 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. Add \$188.89 to each payment for each additional child enrolled.</p> <p><input type="checkbox"/> Quarterly Four (4) payments of \$850.00. The first payment is due the first day of school and the remaining three payments are due December 1, 2008; February 1, 2009; and April 1, 2009. Add \$425.00 to each payment for each additional child enrolled.</p> <p><input type="checkbox"/> Semester Two (2) payments of \$1,700.00. The first payment is due the first day of school and the second payment is due the first day of the second semester. Add \$850.00 to each payment for each additional child enrolled.</p> <p><input type="checkbox"/> Yearly One (1) payment of \$3,400.00. Full payment is due the first day of school. Add \$1,700.00 for each additional child enrolled.</p> <p><input type="checkbox"/> None I am a non-resident full-time contracted employee of the Lynchburg City Schools and the child for whom I am applying resides with me.</p>
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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 and that no statement or invoice will be sent. I am responsible for making my payments when they are due. If my account is in arrears, my child may not be allowed to attend classes. I may not be notified in advance.
2. 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.
3. If my child has poor attendance, accumulates a disciplinary record, or has criminal charges brought against him/her during this school year, he/she could be removed from Lynchburg City Schools.

Signature: _____ Date: _____
Parent/Guardian

**Return to: Department of Finance
 Lynchburg City Schools
 P. O. Box 2497
 Lynchburg, Virginia 24505-2497**

SCHOOL USE ONLY

Application Approved: _____ Date: _____

Application Disapproved: _____ Date: _____

Application of Nonresident Full-time Contracted Staff: _____

Signature – Superintendent or Designee: _____