



## 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 her 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 her 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: \_\_\_\_\_  New Request  Renewal Request

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_ to \_\_\_\_  
*Pre-Kindergarten students are not eligible.*

Preferred School:  
1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_ 3rd Choice: \_\_\_\_\_

Please indicate any of the following services the student currently needs, or may need this year (these may require additional cost).  
 Special Education (IEP)     504     Gifted     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:  Yes  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: Department of Student Services  
 Attn: Danielle Penn  
 Lynchburg City Schools  
 P. O. Box 2497  
 Lynchburg, Virginia 24505-2497

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**LCS ADMIN USE ONLY**  
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Application Status  Approved  Disapproved

Signature – Superintendent or Designee: \_\_\_\_\_ Date: \_\_\_\_\_

Application Status  Approved  Disapproved

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"/> <b>Monthly</b>                  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"/> <b>Quarterly</b>                  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"/> <b>Semester</b>                  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"/> <b>Yearly</b>                  One (1) payment. Full payment is due the first day of school.</p> <p><input type="checkbox"/> <b>None</b>                  No fee due to employee status.</p>
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