



LYNCHBURG CITY SCHOOLS

RESIDENT EMPLOYEE REQUEST FOR SCHOOL PLACEMENT FORM

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

STUDENT INFORMATION

New Request: ☐ or ☐ Renewal (If new request, current school: _____)

Name of Student: _____

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

Pre-Kindergarten students should not be included on this form. Please contact the Pre-K Coordinator at (434) 515-5017.

Preferred School:

1st Choice: _____ 2nd 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: _____

Mailing Address: _____
(if different from physical address)

E-Mail Address: _____

Home Phone: (____) _____ Work Phone: (____) _____ Other: (____) _____

Place of LCS Employment: _____

REQUIREMENTS AND 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.
- The assignment is dependent on continuing residency in Lynchburg and LCS employment. If one or the other no longer applies during the school year, parent may then apply through other available options.
- No transportation adjustments will be made due to the alternative placement and parents must insure that the child arrives and departs at the scheduled hours.
- If false information is provided on this application, it is cause for denial of the request or reversal, if approval had been previously granted.
- If your student attended a school other than a Lynchburg City School, please include documentation of grades, attendance and behavior with your request.

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.

I certify that:

- The information I have provided on this form is true and correct.
- My child currently has satisfactory attendance, behavior, and academic effort.

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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SCHOOL USE ONLY
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Application Status ☐ Approved ☐ Disapproved

Signature – Superintendent or Designee: _____ Date: _____

Application Status ☐ Approved ☐ Disapproved

Signature – Director of Special Education: _____ Date: _____

Forwarded to Finance Department on Date: _____