

## Non-Resident Application for Student Enrollment for **2024-2025**

For K-12<sup>th</sup> grade students residing outside of Roanoke County Public School attendance zone and requesting enrollment

<b>STUDENTS NAME</b>			<b>DATE OF BIRTH</b>
<b>LAST</b>	<b>FIRST</b>	<b>MIDDLE</b>	
Is student in Special Education or has student had an active individualized educational program (IEP) at any time during the last school year? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, in what Special Education Program? _____			

<b>SCHOOL WHERE STUDENT IS CURRENTLY ENROLLED</b>	<b>CURRENT GRADE LEVEL</b>	<b>SCHOOL REQUESTED FOR 2024/25</b> You may enter up to three choices	<b>2024/25 GRADE LEVEL</b>
<b>ADDRESS</b> _____ _____ <b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____		1) _____ 2) _____ 3) _____	

REQUIRED DOCUMENTATION: MUST be received by requested school before transfer request will be considered. (1<sup>ST</sup> THRU 12<sup>TH</sup> Grade ONLY)  
1) attendance report, 2) discipline report, 3) most recent report card, 4) mortgage/lease and 5) Authorization for release/exchange of record information form.

**REASON FOR REQUEST** (Please provide a brief explanation):  
\_\_\_\_\_  
\_\_\_\_\_

Are there siblings already enrolled in Roanoke County Public Schools?  Yes  No  
If so, where? \_\_\_\_\_

<b>NAME OF PERSON MAKING REQUEST</b>	<b>RELATIONSHIP TO STUDENT:</b> <input type="checkbox"/> Parent (with legal custody) <input type="checkbox"/> Legal guardian <input type="checkbox"/> Other (specify) _____	
<b>HOME ADDRESS</b> _____ _____ <b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____	<b>BEST CONTACT NUMBER</b> _____	<b>PARENT/GUARDIAN EMAIL ADDRESS</b> _____
NAME OF <input type="checkbox"/> COUNTY OR <input type="checkbox"/> CITY OF LEGAL RESIDENCE: _____		

Nonrefundable Tuition Fees **2024-2025** School Year

- Children of Roanoke Co. Govt./Roanoke County School employees that meet the required qualifications set forth in the RCPS Non-Resident Policy 7.02:
  - KG - 12<sup>th</sup> grade students: **No Fee**
- All other NON-RESIDENT applicants pay FULL Tuition for each student:
  - KG – 12<sup>th</sup> grade students: **\$1,000.00 per child**

If either parent/guardian is employed by Roanoke County Gov. or Roanoke County Schools, please complete this section:  Does Not Apply

FULL-TIME Roanoke County Government Employee.      NAME \_\_\_\_\_  
Location: \_\_\_\_\_ **(must attach the most recent Roanoke County Government paycheck stub)**

CONTRACTED Full-time/Part-time Roanoke County Public School Employee.      NAME \_\_\_\_\_  
School/Location for **2024-2025**: \_\_\_\_\_      Job Title for **2024-2025**: \_\_\_\_\_

My signature on this request verifies all information to be true and confirms my understanding of the following:

- 1) I have read in its entirety and fully understand the Roanoke County School Board Resident and Nonresident Policy (7.02).
- 2) I understand and agree that tuition is **nonrefundable**.
- 3) I understand and agree that all required documentation must be submitted before transfer request will be considered.
- 4) If my request is approved, I will be responsible for paying the applicable tuition fee on the due dates specified per RCPS Nonresident Policy 7.02.

PARENT/GUARDIAN SIGNATURE	DATE
---------------------------	------

Completed applications must be mailed to:      Tammy Newcomb, Executive Director of Administration  
 Roanoke County Public Schools  
 Attn: Student Transfers  
 5937 Cove Road  
 Roanoke, VA 24019-2403

Please call Paula Williams at 540-562-3900 ext. 10120 or email [pbwilliams@rcps.us](mailto:pbwilliams@rcps.us) with questions

Office Use: