

Rockbridge County Public Schools / Non-Resident Student Application 2026-2027 School Year

For additional applications, please check our website at: www.rockbridge.k12.va.us (Parents & Students / Enrolling your Student)

Directive: Submit this completed form to the principal of the requested school for which application is being made.

Rockbridge County School Administrators reserves the right to admit or deny non-resident students at any time during the school year according to the best interest of Rockbridge Public County Schools. Thank you for your interest in Rockbridge County Public Schools.

PLEASE COMPLETE THE FOLLOWING INFORMATION AS COMPLETELY AS POSSIBLE. PLEASE PRINT ALL INFORMATION. (ONE FORM FOR EACH CHILD.)

Student Name: _____ **Student Date of Birth:** ___/___/___ **Age:** _____
Last First Middle

2026-2027 SCHOOL YEAR / SCHOOL AND GRADE FOR WHICH APPLICATION IS BEING MADE:

SCHOOL: ELEMENTARY: Central Elem. School Fairfield Elem. School Mountain View Elem. School Natural Bridge Elem. School

MIDDLE: Maury River Middle School **HIGH SCHOOL:** Rockbridge County High School

GRADE : _____ (K-12 for the 2026-2027 school year)

2025-2026 SCHOOL YEAR SCHOOL YOUR CHILD ATTENDED: _____

DID YOUR CHILD ATTEND THIS SCHOOL DURING THE 2025-2026 SCHOOL YEAR? Yes No

Parent/Guardian: _____ **Telephone Number (home):** _____

Mailing Address: _____ **Father's Work Number:** _____

Mother's Work Number: _____

Resident of: Alleghany County Amherst County Augusta County Buena Vista City Lexington City
 Other Locality: _____

- Number of school days missed over the past 12 months: _____
- Does your child currently receive additional support services? Yes No If yes, what types? (Title I, Gifted Education, Special Education, etc.): _____
- Has your child had disciplinary problems or referrals at the previous school? Yes No
 If yes, please indicate any disciplinary problems encountered at the previous school: _____
- Check below the reason(s) for your request:
 - _____ 1. Parent/Guardian is an employee of Rockbridge County School Public Schools.
 Employee's name and location of work site: _____
 - _____ 2. Family Relocation:
 - A. Parent moves outside of attendance area of requested school;
 - B. Parent plans to move into the requested attendance area of requested school.
 Proof of upcoming residence must be presented.
 - _____ 3. Child Care: The childcare provider must be located within the district of requested school.
 - _____ 4. Continued Permission: Student must be in good standing.
 - _____ 5. Other reason: _____

I attest to the best of my ability that all of the information given is accurate. Any misrepresentation may result in the denial of this application. If this request is granted, I understand that it is my responsibility to provide transportation. No bus service is available for non-resident students. I understand that if my child fails to maintain acceptable standards of conduct, attendance, and student performance, approval will be revoked. I understand that this request must be resubmitted annually. Student requests will not be reviewed prior to June 1, 2026. It is the intent that parents/guardians will be notified after July 1, 2026. I understand that there is a nonrefundable tuition fee of \$200 per year (\$100 per semester).

NOTE: Students for whom Rockbridge County Public Schools have not received full tuition payment for the 2025-2026 school year will not be allowed to enroll under the non-resident student transfer application process for the 2026-27 school year.

Upon approval, checks for tuition should be made payable to Rockbridge County Public Schools. Payment should be **mailed** to Rockbridge County Public Schools, Attention: Non-Resident Tuition, 2893 Collierstown Road, Lexington, VA 24450. (Tuition fee is waived for employees of Rockbridge County Public Schools.)

Parent /Guardian Signature: _____ **Date:** _____

SCHOOL ADMINISTRATION USE ONLY	SIGNATURES	DATE	APPROVED	DENIED
Requested School Principal				
If denial, reason:				
Assistant Superintendent				
	TUITION AMOUNT DUE		PAYMENT LOG	
	TUITION WAIVED		AMOUNT	DATE
			AMOUNT	DATE
				PAID IN FULL