



RAPPAHANNOCK COUNTY PUBLIC SCHOOLS

JECB-F1

School Board Office - 6 Schoolhouse Road

Washington, Virginia 22747

Telephone (540) 227-0023

FAX (540) 987-8896

www.rappahannockschools.us

APPLICATION FOR ADMISSION OF NON-RESIDENT TUITION STUDENT-JECB-F1

Student's Full Name

Mother's/Guardian's Name

Address

Father's/Guardian's Name

Town, State, Zip Code

() ()
Home Telephone Work Telephone

Name of School Student Last Attended

()
Telephone of School Last Attended

Address of School Last Attended

Grade Student Promoted To

Eligibility Requirements for Non-Resident Students:

1. Student must be in good standing behaviorally. The Superintendent reserves the right to revoke the admission if there are serious or cumulative behavior problems.

2. Transportation cannot be provided across county lines for your child.

Check one: My children ___will ___will not ride the bus between a Rappahannock County bus stop and school.

3. The principal must certify that there is space available for this student.

4. To be eligible for immediate participation in Virginia High School League (VHSL) activities, the student must start Rappahannock County Public Schools enrollment by 9th grade. Non-resident high school students enrolling after the beginning of their 9th grade year will not be eligible to participate in VHSL activities for 365 days.

5. All tuition/fees must be paid in full according to the schedule you check below:

___Parent/Guardian agrees to pay full tuition/fees listed below at least 5 working days before begin date of full semester

___50% at least 5 working days before begin date of school and 50% before January 13.

___Monthly payment schedules may be approved by the superintendent and will be contingent upon receipt of payments before the 1st of each month August through May.

___N/A: Waiver (check one) RCPS or Rapp Gov Employee ___ Rapp Employee ___ Land/Property Owner ___

6. Parent/Guardian agrees to pay actual additional costs for students identified for Special Education / related services. Actual costs will be determined for individual students based on Individual Education Plan (IEP) or Section 504 Plan.

Table with 3 columns: Non-Resident Fees Proposed to the Rappahannock County School Board, Waiver Granted?, and Yes/No. Rows include 'Each Student' (TBD each year), 'Added actual cost for Special Education / related services' (\$ Depends on services), and 'TOTAL FEES'.

I/We hereby certify that the above named student ___has ___has not been expelled from school attendance at a private or public school in Virginia or another state for an offense in violation of School Board policies or state/federal laws related to weapons, alcohol, drugs, or assault.

I/We also give permission for the Rappahannock Public School to exchange information with the above school.

Date

Signature of Parent/Guardian

For Office Use Only:

I certify that I have contacted the applicant's former school. This student left in good behavioral standing. I also certify that there is adequate space available for this student in the grade level specified above.

Principal's Signature _____

Date _____

Superintendent's Signature _____

Date _____

APPROVED _____

NOT APPROVED _____