

## Non-Resident Application for Student Enrollment for **2023-2024**

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 2023/24</b> You may enter up to three choices	<b>2023/24 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) 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>ALTERNATIVE CONTACT NUMBER</b>
<b>NAME OF <input type="checkbox"/> COUNTY OR <input type="checkbox"/> CITY OF LEGAL RESIDENCE:</b> _____		

### Nonrefundable Tuition Fees **2023-2024** 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 - 8<sup>th</sup> grade students: **\$229.00 per child**
- 9<sup>th</sup> - 12<sup>th</sup> grade students: **\$371.00 per child**

➤ 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 **2023-2024**: \_\_\_\_\_

Job Title for **2023-2024**: \_\_\_\_\_

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:

Dr. Rhonda Stegall, Assistant Superintendent 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: ☐ ☐ ☐ ☐

Roanoke County Public Schools does not discriminate with regard to race, color, age, national origin, gender, or handicapping condition in an educational and/or employment policy or practice. Questions and/or complaints should be addressed to the Assistant Superintendent of Administration/Title IX Coordinator at (540) 562-3900 ext.10121 or the Director of Pupil Personnel Services/504 Coordinator at (540) 562-3900 ext. 10186.



## AUTHORIZATION FOR RELEASE/EXCHANGE OF RECORD INFORMATION

PLEASE COMPLETE THIS REQUEST BY LEGIBLY PRINTING IN THE APPROPRIATE SPACES.  
**Release effective until otherwise notified.**

**GU.3-134-23**

SCHOOL USE ONLY:

\_\_\_\_ DATE SENT

\_\_\_\_ Mail \_\_\_\_ FAX \_\_\_\_ INDV

Student Name: Last First Middle Maiden

Street Address City State Zip Code

Area Code and Telephone Number Date of Birth

Current/Last School Attended Date Graduated/Withdrew

**I HEREBY AUTHORIZE ROANOKE COUNTY PUBLIC SCHOOLS TO RELEASE OR EXCHANGE INFORMATION WITH:**

Name Telephone Number

Complete Address

**I HEREBY AUTHORIZE ROANOKE COUNTY PUBLIC SCHOOLS TO RELEASE OR EXCHANGE THE FOLLOWING INFORMATION:**

- X Official Scholastic Record (names; address; birth date; grade level completed; grades; class standing; attendance record; standardized achievement test scores; school, community activities; work experience)
- ☐ Health-Physical Fitness Data: Certificate of Immunization
- ☐ Intelligence, Aptitude, Interest Test Scores
- ☐ Social History (if available)
- ☐ Legal, Psychological, Psychiatric, and Medical Reports (if applicable)
- ☐ State required reports of evaluations and other pertinent reports and programs for exceptional students
- ☐ Release student-athlete transcripts to coaches/colleges/recruiters
- ☐ Other \_\_\_\_\_

The reason for this disclosure is: Request to transfer to a Roanoke County Public School

I understand that I have the right to request a hearing to challenge the content and accuracy of the school record requested.

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian/Eligible Student Signature

Return information to: \_\_\_\_\_

*IN-SCHOOL USE ONLY (form is on the intranet)*