Surry County Public Schools / Non-Resident Student Application
2022-2023 School Year

Directive: Submit this completed form to the principal of the requested school for which application is being made.
Surry County School Administrators reserve the right to admit or deny non-resident students at any time during the school year according to the best interest of Surry County Public Schools. Thank you for your interest in Surry County Public Schools.

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

Grade 2022--2023: ___

SCHOOL FOR WHICH APPLICATION IS BEING MADE FOR THE 2022-2023 SCHOOL YEAR: _____

School your child attended during the 2021-2022 school year: _____
Did your child attend this school during the 2021-2022 school year under the Non-Resident Student Application process?
Yes ___ No ___

Parent/Guardian: _____ Telephone Number (home): _____
Mailing Address: _____ Mother's Work Number: _____
_____ Father's Work Number: _____
Is Parent/Guardian employed by Surry County Public Schools or Government Center? Yes ___ No ___ Location: _____

Resident of:
Sussex County ( ) Prince George County ( ) Isle of Wight County ( ) Other Locality: _____

- Number of school days missed over the past 12 months: _____
- Does your child currently receive additional support services? If yes, what types? (Title I, Gifted Education, Special Education, etc.) _____
- Has your child had disciplinary problems or referrals at the previous school(s) Yes ___ No ___ If yes, please indicate any disciplinary problems encountered at the previous school:
  _____
  _____
- Please provide an explanation of why you would like your child to attend Surry County Public Schools outside of your school district:
  _____
  _____
  _____

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 and that I will need approval from the Director of Transportation to utilize an existing bus stop on an established bus route. I understand that my request must be resubmitted annually.

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

SCHOOL ADMINISTRATION USE ONLY	SIGNATURES	DATE	APPROVED	DENIED
School Principal				
Assistant Superintendent				
Superintendent				