

Surry County Public Schools / Non-Resident Student Application

2024-2025 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 (SCPS). Thank you for your interest in SCPS.

Student Name: _____
Last First Middle

Student Date of Birth: ____/____/____ Age: ____

Grade 2023--2024: _____

SCHOOL FOR WHICH APPLICATION IS BEING MADE FOR THE 2024-2025 SCHOOL YEAR: _____

School your child attended during the 2023-2024 school year: _____

Did your child attend this school during the 2023-2024 school year under the Non-Resident Student Application process?

Yes ____ No ____

Parent/Guardian: _____
Mailing Address: _____

Telephone Number (home): _____
Mother's Work Number: _____
Father's Work Number: _____

Is Parent/Guardian employed by SCPS or Surry 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.) _____
- Does your child have any learning needs? Please describe below. _____
- 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: _____
- Does your child listed on this application have any school-aged siblings who are currently enrolled in SCPS and/or who you will be submitting a non-resident application for? If so, please provide their names and grade level. _____
- 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				

The Surry County School Board is committed to nondiscrimination with regard to sex, gender, race, color, national origin, disability, religion, ancestry, age, marital status, genetic information or any other characteristic protected by law. This commitment will prevail in all of its policies and practices concerning staff, students, educational programs and services, and individuals and entities with whom the Board does business.