



LOUDOUN COUNTY PUBLIC SCHOOLS

REQUEST TO ENROLL AS A TUITION-PAYING STUDENT

_____	_____
Print Student's Full Name	Date of Birth

Grade Level	
Has student previously been long term suspended or expelled, or is he/she in the process of being long term suspended or expelled? _____	

I request that the student named above be permitted to enroll in Loudoun County Public Schools as a tuition-paying student in accordance with the provision of the Loudoun County School Board Policy checked below:

CHECK ALL THAT APPLY:

_____ I am the parent/legal guardian of the student listed above, and I would like to request a tuition placement for my child at _____.

Name of School

_____ My child will be residing at the address listed below and I wish to have him/her attend the school as a tuition student that serves the address listed in the resident's attendance boundary.

I certify that all of the information of this form is complete, true, and correct to the best of my knowledge and belief.

_____	_____	_____
Printed Name of Parent/Legal Guardian	Signature of Parent/Legal Guardian	Date

_____	_____	_____	_____
Current Address of Parent/Legal Guardian (no. and street)	(City)	(State or Country)	(Zip)

_____	_____	_____	_____
Home Phone	Work Phone	Cell Phone	Email Address

_____	_____
Printed Name of Local Resident (if applicable)	Signature of Resident

_____	_____	_____	_____
Resident Address (no. and street)	(City)	(State)	(Zip)

_____	_____	_____	_____
Home Phone	Work Phone	Cell Phone	Email Address

Please return the completed form to the following:

Address: Department of Pupil Services
21000 Education Court
Ashburn, VA 20148

Fax: 571-252-1242
Phone: 571-252-1021

Scan to Email: Gabrielle.Carpenter@lcps.org