



LOUDOUN COUNTY PUBLIC SCHOOLS
Application for Part-Time Enrollment for Grades 7-12

School Year: 20__-20__

Student Name: _____ Date of Birth: _____

Address: _____ Grade Level: _____

Parent/Guardian: _____

Telephone (home): _____ (work): _____

(cell): _____

***First Time Requests Must Include:**

- ___ Proof of Residency
- ___ Birth Certificate
- ___ Immunization Record
- ___ Tuberculosis Screening Record
- ___ Transcript from an accredited program denoting earned credits in any applicable prerequisite courses

**All required registration forms will be completed at the time of enrollment; pursuant to School Board Policies §8-15 and §8-24.*

Signature of Parent/Guardian

Date

PLEASE RETURN THE COMPLETED FORM TO THE SCHOOL THAT SERVES YOUR PLACE OF RESIDENCE.

FOR OFFICE USE ONLY

First Requested Course: _____

Approved Not Approved

Justification (if not approved): _____

Second Requested Course: _____

Approved Not Approved

Justification (if not approved): _____

Signature of Principal

Date