



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