

APPOMATTOX COUNTY PUBLIC SCHOOLS

P.O. Box 548

Appomattox, VA 24522

Phone: 434-352-8251 Fax: 434-352-0883

Application for Admission as a Returning Non-resident Tuition Student

School Year--2014-2015

Student Name	Date of Birth	Grade Level 2013-2014	Current School 2013-2014
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Legal Address _____

Parent/Guardian Name _____

Address: _____ County: _____

Home Phone: _____ Daytime/Cell Phone: _____

If accepted for admission I understand that my student(s) is/are subject to all policies, regulations, and guidelines of the school division, including the Code of Student Conduct. Admission could be terminated due to late and/or delinquent tuition payments. I also guarantee full payment of \$750 for each child 8th – 12th grades by the method indicated below:

_____ 10 monthly installments of \$75.00 each due by the 1st day of each month. First installment due on or before the first day child attends class.

_____ Semiannual payments of \$375.00 each. First payment due on or before the first day child attends class. Second payment due first day of second semester.

_____ Annual payment of \$750.00 due on or before the first day child attends class.

_____ Tuition reduced by amount of real estate taxes paid in Appomattox County.
(Attach tax receipt)

Parent/Guardian Signature: _____

Date: _____

Revised 3/14

<p>FOR OFFICE USE ONLY:</p> <p>Notes: _____</p> <p>Date of B/A: _____ Tuition Amt.: _____ Payment Log: _____</p>
