

**APPOMATTOX COUNTY PUBLIC SCHOOLS**

**P.O. Box 548**

**Appomattox, VA 24522**

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

**Application for Admission as a 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 \$1,000 for each child by the method indicated below:

\_\_\_\_\_ 10 monthly installments of \$100.00 each due by the 1<sup>st</sup> day of each month. First installment due on or before the first day child attends class.

\_\_\_\_\_ Semiannual payments of \$500.00 each. First payment due on or before the first day child attends class. Second payment due first day of second semester.

\_\_\_\_\_ Annual payment of \$1,000.00 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><b>FOR OFFICE USE ONLY:</b></p> <p>Notes: _____</p> <p>Date of B/A: _____ Tuition Amt.: _____ Payment Log: _____</p>
---