

## MECKLENBURG COUNTY PUBLIC SCHOOLS

### INSTRUCTIONS FOR COMPLETING NONRESIDENT APPLICATION AND REQUEST FOR RECORDS RELEASE FORM

The application for Nonresidents must be completed each year by all nonresidents, including those currently enrolled in MCPS. It is strongly suggested that during the month of April you send your completed application to the school your child will be enrolled in. School information is listed below.

Applications for enrollment in Mecklenburg County Public Schools must be approved at the school level and by the Superintendent or his designee. You should receive a letter within 5-10 business days letting you know if your child has been approved for enrollment. If you have not received a letter within 10 business days, please call the Mecklenburg County School Board Office at (434)738-6111. Enrollment in Mecklenburg County Public Schools is contingent upon receipt of the tuition fee, as stated in your letter of approval, as well as other factors.

The Request for Records Release Form allows the school where your child will be enrolled, if approved, to request your child's records from the school your child last attended. This is necessary to enable the school personnel to enroll your child. Complete, sign and date this form and send it to the school with your Nonresident Form.

**Chase City Elementary School**  
5450 Highway Forty-Seven  
Chase City, Virginia 23924  
Phone: (434) 372-4770

**Bluestone Middle School**  
250 Middle School Road  
Skipwith, VA 23968  
Phone: (434) 372-3266

**Clarksville Elementary School**  
1696 Noblin Farm Road  
Clarksville, Virginia 23927  
Phone: (434) 374-8668

**Park View Middle School**  
365 Dockery Road  
South Hill, VA 23970  
Phone: (434) 447-3761

**LaCrosse Elementary School**  
1000 School Circle  
LaCrosse, Virginia 23950  
Phone: (434) 757-7374

**Bluestone High School**  
8725 Skipwith Road  
Skipwith, VA 23968  
Phone: (434) 372-5177

**South Hill Elementary School**  
1290 Plank Road  
South Hill, VA 23970  
Phone (434) 447-8134

**Park View High School**  
205 Park View Circle  
South Hill, VA 23970  
Phone: (434) 447-3435

If you have any questions regarding the Nonresident Form, tuition rates, or the Request for Release of Records Form, please contact the Mecklenburg County School Board Office at (434) 738-6111.



Describe any special transportation arrangements to and from school:

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Absences for current or most recent school year: 1<sup>st</sup> Semester \_\_\_\_\_ 2<sup>nd</sup> Semester \_\_\_\_\_

Grades for current or most recent school year in each subject:

<u>Subject</u>	<u>1<sup>st</sup> Semester</u>	<u>2<sup>nd</sup> Semester</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you eligible to continue in your present school? \_\_\_\_\_ YES \_\_\_\_\_ NO

If no, why? \_\_\_\_\_

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Have you ever been suspended from school? \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, explain.

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Have you ever been expelled from school? \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, explain.

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Why do you wish to enroll in school in Mecklenburg County? \_\_\_\_\_

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We hereby certify the above information to be accurate and complete to the best of our knowledge under penalty of law.

\_\_\_\_\_ Date \_\_\_\_\_ Parent / Legal Guardian  
\_\_\_\_\_ Relationship

Student's Name: \_\_\_\_\_  
Last First Middle

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**Tuition must be paid prior to enrollment and admission is contingent upon receipt of this tuition. No student will be allowed to begin school until full payment has been received.**

\_\_\_\_ YES \_\_\_\_\_  
\_\_\_\_ NO \_\_\_\_\_ Principal of Assigned School \_\_\_\_\_ Date

\_\_\_\_ YES \_\_\_\_\_  
\_\_\_\_ NO \_\_\_\_\_ Superintendent of Schools \_\_\_\_\_ Date

**If approved, the student becomes subject to all policies, regulations and guidelines including the MCPS Student Code of Conduct.**

\*If no, please give reason for denying the application:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mecklenburg County Public Schools**

175 Mayfield Drive P.O. Box 190

Boydton, Virginia 23917

Phone #: (434) 738-6111 Fax #: (434) 738-6679

**REQUEST FOR RELEASE OF SCHOOL RECORDS**

Student's Name: \_\_\_\_\_

Previous School: \_\_\_\_\_

School Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Information Requested:**

- \_\_\_ Immunization Records
- \_\_\_ Copy of Birth Certificate
- \_\_\_ Copy of Preschool Physical Exam
- \_\_\_ Copy of Social Security Card
- \_\_\_ Current Grade Placement
- \_\_\_ Cumulative Record of Grades (Transcript)
- \_\_\_ Attendance Record
- \_\_\_ Standardized Test Scores
- \_\_\_ Gifted Placement Information
- \_\_\_ Accelerated Reader Records
- \_\_\_ State Assessment Test Results
- \_\_\_ Court order custody document (if applicable)

**Special Education Placement Information:**

- \_\_\_ Medical Records
- \_\_\_ Social History
- \_\_\_ Educational Evaluation
- \_\_\_ Psychological Evaluation
- \_\_\_ Speech/Language Evaluation
- \_\_\_ Individual Education Plan (IEP)
- \_\_\_ 504 Plan
- \_\_\_ Eligibility Minutes/Recommendations
- \_\_\_ Any information about disciplinary action if the student was under suspension or expulsion at the time of transfer.

This information will not be released to another party without the written consent of the parent/guardian.

I authorize the release of the above information to: \_\_\_\_\_

School your child may attend

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date