Initial Application LEXINGTON CITY SCHOOLS				
Renewal Application	300 DIAMOND STREET			
Application Fee Paid		LEXINGTON, VA 24450		
Check No: Tele: 540-463-7146 / FAX: 540-464-5230				
Date:	www.lexedu.org			
	SCHOOL YEAR: 2024	4-2025		
APPLICATION FO	OR ADMISSION OF NO	ON-RESIDENT ST	TUDENT	
STUDENT NAME	DOB			
PRESENT SCHOOL	REQUESTED GRADE PLACEMENT			
PARENT/LEGAL GUARDIAN NAME	E(S)			
Mailing Address				
E-mail Address				
Telephone (Home)	(Work)	(Cell)		
Names and ages of siblings currently	y attending Waddell Elementa	ary or Lylburn Downing	g Middle Scho	ool:
LEGAL RESIDENCE:	Rockbridge County	Buena Vista		 Other
s the parent/guardian an employee	of Lexington City Schools?	Yes _	No	
Is the parent/guardian an employee of the City of Lexington?		Yes _	No	_
Does the student currently receive S	pecial Education services?*	Yes _	No	_
'If yes, list the services:				
Please note: Non-resident application placement requested. Tuition will be chape charged for any supplemental service furnished upon request.	arged to non-residents attending	Lexington City Schools	, and additiona	l tuition will
Names and ages of siblings currently LEGAL RESIDENCE: s the parent/guardian an employee s the parent/guardian an employee Does the student currently receive S If yes, list the services: Please note: Non-resident application placement requested. Tuition will be chape charged for any supplemental services.	Rockbridge County of Lexington City Schools? of the City of Lexington? special Education services?* approval will be considered bas arged to non-residents attending	Buena Vista Yes _ Yes _ Yes _ Yes _ Yes _ Yes _	No No at the grade le	ool:O

Date

Signature