



LOUDOUN COUNTY PUBLIC SCHOOLS
Application for Part-Time Enrollment for Grades 7-12
Due by August 1st for first semester classes
Or December 1st for second semester classes

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
- ☐ Letter from Student Services showing a complete Notice of Intent is on file (required annually)-OR
- ☐ Proof of enrollment in private school

**All required registration forms will be completed at the time of enrollment; pursuant to School Board Policies 8125 and 8115.*

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