

CITY OF SALEM SCHOOLS

NEW NONRESIDENT STUDENT APPLICATION

Application Deadline is **JUNE 30TH**

Demographic Information: (Please Print)

Student's Name: _____	Date of Birth: _____
Grade Level for 2019-2020: _____	Grade level for 2020-2021: _____
Parent/Guardian Name (Making Request) _____	
Street _____	City _____ State _____ Zip _____
Cell Phone: _____	Home Phone: _____ Work Phone: _____
Does your student receive any special education or gifted services: No Yes If yes, you must attach an IEP or other supporting documentation.	

Previous School Information:

What school is your child currently attending? _____
Has your child attended a different school? No Yes If yes, what school(s) have your child attended? _____
Please indicate which city/county you are a resident of by placing an X: Roanoke City _____ Roanoke County _____ Craig County _____ Montgomery County _____ Other: _____

Additional Information:

Please indicate which Salem City School you wish your student to attend by placing an X? Salem High School _____ Andrew Lewis Middle School _____ GW Carver Elem. _____ East Salem Elem. _____ South Salem Elem. _____ West Salem Elem. _____
Do you own a business or property in the City of Salem No Yes If yes, what is the address? (Documentation must be provided) _____
Is either parent currently a full time employee of the City of Salem or City of Salem Schools? No Yes If yes, provide the name of the parent _____ and _____ the _____ employer: _____
Are there any other City of Salem School non-resident students in the family? No Yes If yes, please list name and current school: _____

The City of Salem School Board approves applications based upon the following criteria:

- Space Availability
- Evidence of Satisfactory Attendance
- Evidence of Satisfactory Behavior
- Evidence of Satisfactory Progress in an Academic Program

Tuition: Salem City Schools may charge tuition not to exceed the total per capita cost of education, exclusive of capital outlay and debt service, for elementary or secondary pupils, and the actual, additional costs of any special education or gifted and talented program provided to the nonresident student (School Board Policy JEC-BR). (Please refer to page 2 of 4 for additional information)

Fee(s): Non-resident fee is \$800.00 per student. Multiple students within the same household rate is as follows: \$800 for the first student, \$400 for the second student, \$200 for third student and thereafter. Payment for fees and any tuition for special education and/or gifted services **MUST** be received upon approval of application. 50% reduction for fees only for Salem business and property owners with proper documentation. Tuition for special education and gifted services are not reduced for business owners or property owners.

Failure to complete the forms accurately shall result in a revocation of permission to attend.

SIGNATURE OF PARENT OR GUARDIAN _____
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Additional Information for NEW Applicants Only

Student's Name: _____

Date of Birth: _____

The following information must be provided in order for your student to be considered. All supporting documentation must be included. All information must be returned together in a complete packet. The application must be included with the packet.	Parent, please initial to indicate that you have included the appropriate documentation. Write N/A if not applicable:
1. A completed application (All 4 pages with most consent to release/exchange information with most recently attended school division)	
2. Report card from the most recent school year that includes grades and attendance	
3. Most recent standardized test scores (SOLs, MAP, PALs, and other information)	
4. Discipline record signed by school official at current school	
5. Most recent IEP and eligibility information	
6. Any information related to gifted and talented services	

*If the student has missed more than 10 school days, please feel free to submit information related to any extenuating circumstances.

Tuition:

Starting with the 2018-2019 school year, Salem City Schools will collect fees for non-resident students that require additional services. Please review the following information and initial.

_____ **Initial here** indicating that you have read the information and understand required tuition and fees. Applications will not be considered unless the application is fully completed.

The following scenarios are examples only. Specific costs are based upon services specified within a students Individualized Educational Program (IEP). Gifted and talented tuitions are actual cost.

Gifted and Talented Services	\$133.00	Per Year (K-8)
Speech Therapy 30 minutes, two times a week	\$579.00	Per Year
Occupational or Physical Therapy 30 minutes, once a week	\$1,085.00	Per Year
Special Education monitor only	\$316.00	Per Year
Special Education Services per Collaborative Class	\$1,128.00	Per Year
Special Education Services 60 minutes daily/per class	\$1,580.00	Per Year
1 Collaborative class daily and 30 minutes of Speech Therapy weekly	\$1,417.00	Per Year
Student requires a one-on-one instructional assistant	\$20,600.00*	Per Year

*Should a student require a one-on-one instructional assistant, the parent/guardian will be responsible for the full cost of salary with benefits.

➤ Business, property owners, and school employees will only pay for tuition that exceed \$1,500

IF YOU HAVE QUESTIONS, PLEASE CONTACT:

DR. FOREST JONES
DIRECTOR OF ADMINISTRATIVE SERVICES

CITY OF SALEM SCHOOLS
510 SOUTH COLLEGE AVENUE
SALEM, VIRGINIA 24153
(540) 389-0130

Return this Application with ALL supporting documentation to Dr. Forest Jones, Director of Administrative Services, at Salem City Schools Administrative Offices, 510 South College Avenue, Salem, VA 24153, by June 30th.

The City of Salem School Board does not discriminate on the basis of sex, age, race, color, religion, disability, or national origin in employment or educational programs and activities.

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**CITY OF SALEM SCHOOLS
AUTHORIZATION FOR RELEASE/EXCHANGE
OF RECORD INFORMATION**

Last Name First Middle Maiden Date of Birth

Name of Parent(s)/Guardian

Street Address

City State Zip Telephone Number

Current/Last School Attended Date Graduated/Withdrew (if applicable)

AUTHORIZATION is hereby granted to: *(A copy of this document may be accepted in lieu of the original.)*

Name of Most Recent School Attended

Address City/State/Zip Telephone/FAX Number

To RELEASE or EXCHANGE Information with/to:

Salem City Schools _____

Name of School/Service

510 S. College Avenue _____

Address

Salem, Virginia 24153 (540) 389-0130/(540) 389-3638 _____

City/State/Zip

Telephone/FAX Number

Please check the information you would like released/exchanged from your child's records:

- Official Scholastic Record (name, address, birthdate, grade level completed, grades, class standing, attendance record, standardized achievement test scores, school and community activities, work experience)
- Family Background Data (name and address of parents)

- Health/Medical Records, Physical Fitness Data, Certificate of Immunization
- Intelligence, Aptitude, Interest Test Scores
- Social History (if available)
- Legal, Psychological, and Medical Records/Reports (if available)
- Verified Reports of Serious or Recurrent Atypical Behavior Patterns (if available)
- State Required Reports of Evaluations and Other Pertinent Reports and Program for Exceptional students (Gifted, Handicapped)
- Other: _____

The reason for this disclosure is: Non-Resident Application

I understand that I have the right to request a hearing to challenge the content and accuracy of my child's/my school record. I understand I may revoke this authorization at any time by notifying the City of Salem Schools, *in writing*, except to the extent that action has already been taken. If not previously revoked, this consent will expire one year from date of signature.

EXPIRATION DATE: 1 YEAR



Parent's/Guardian's/Eligible Student's Signature **Date**

Parent/Guardian/Eligible Student requests a copy of this signed Authorization form. (8/2016)

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Annual Timeline for Non-Resident Application:

Non-Resident Applications available: April 1st of each year
 Applications due by: June 30th of each year
 Acceptance letters mailed by: July 20th of each year
 Tuition and Fees due by: August 15th of each year

Office Use Only:

CENTRAL OFFICE: Date Completed Packet Received: _____

PRINCIPAL:

The following information must be provided in order for your student to be considered for acceptance as a non-resident. All supporting documentation must be included. All information must be returned together in a complete packet. The application (All 4-pages, must be included with the packet)	Principal, please initial that each has been submitted with the application packet. If not applicable, please write N/A.
1. A complete application (All 4 pages with Consent to Release/Exchange information with most recently attended school division)	
2. Report card from the most recent school year that includes grades and attendance	
3. Most recent standardized test scores (SOLs, MAP, PALs, and other information)	
4. Discipline record signed by school official at current school	
5. Most recent IEP and eligibility information	
6. Any information related to gifted and talented services	

Principal, please initial whether the student was approved or denied: _____ APPROVED _____ DENIED

REASON FOR DENIAL:

_____ Lack of space availability

_____ Poor Attendance

_____ Behavior does not meet expectations

_____ Academic performance does not meet satisfactory

expectations

Other: