### SCHOOL ADMISSION REGULATIONS

- 2 No person is charged tuition for admission or enrollment in the Alexandria City Public Schools
- 3 (ACPS), whether on a full-time or part-time basis, who is eligible for admission under Policies
- 4 JEC School Admission or JECA Admission of Children Experiencing Homelessness. School
- officials may not inquire into the student's or parent/guardian's citizenship or visa status in
- 6 determining eligibility for tuition-free enrollment in the school division.

1

15

16

17

18

19

20

21

22

23

24

- 7 However, the school division may admit and charge tuition to a student who:
- 8 A. Is a resident of the school division but not of school age;
- 9 B. Is of school age and not a resident of Virginia but is temporarily living with a non-10 parent who resides within the school division, except as otherwise provided by 11 law;
- 12 C. Is of school age and resides beyond the boundaries of Virginia but near Alexandria
  13 City in the event the residing location grants equal attendance privileges to residents
  14 of the Commonwealth;
  - D. Is of school age and resides on a military or naval reservation located wholly or partly within the geographical boundaries of the school division, is not a domiciled resident of the Commonwealth of Virginia, and is a student for whom federal funds provided under Public Law 874 of 1950, commonly known as Impact Aid, fund less than 50 percent of the total per capita cost of education in Alexandria City Public Schools exclusive of capital outlay and debt service; such students shall be eligible for interscholastic programs immediately upon enrollment, provided that such persons (i) satisfy all other requirements for eligibility and (ii) are dependents of a military service member required by the military to live on the military installation as evidenced by a statement on command letterhead signed by, or by direction of, the service member's commanding officer;
- E Is of school age and attending a school in the Division pursuant to a foreign student exchange program approved by the School Board;
- F. Is a resident of the Commonwealth but not of the school division, except as provided in Policy JEC School Admission;
- 30 G. Is of school age and was enrolled in a public school within the Division as a domiciled resident of the Commonwealth, and has been required as a result of military or federal orders issued to their parents/guardians to relocate and reside on federal property in another state or the District of Columbia, where such state or the District of Columbia is contiguous to the school division; or
- Is of school age and residing within the school division and is enrolled in summer programs other than remediation required under §22.1-253:13.1, or is enrolled in

local initiatives or programs not required by the Standards of Quality or the Standards of Accreditation.

- 39 Eligibility for consideration does not signify acceptance of the admission application of a student.
- 40 Each application for admission will be considered on an individual basis. The residency of
- 41 persons in the above categories who reside in housing or temporary shelter, or on property located
- 42 in multiple jurisdictions, shall be determined in the manner set forth in Policy JEC School
- 43 Admission.
- 44 Foreign students with an F-1 immigration status or who obtain F-1 student visas shall not be
- admitted in the division's elementary schools or publicly funded adult education programs. Such
- students may be admitted, for a period of up to twelve (12) months, in the Division's secondary
- schools only if they pre-pay the full, unsubsidized per capita cost of the education.

### **Procedure for Admission**

- The following procedure is followed for application and review of applications for admission of
- 50 students.

48

54

55

56

57

58

59 60

- A parent/legal guardian of a student must apply for admission on behalf of the student by
- 52 completing the ACPS application. The application form contains information and agreements
- 53 including, but not limited to:
  - the current legal residence of the child and the school division in which is the child is currently enrolled, if any;
  - the child's unique student identification number, if any;
  - the basis for requesting admission;
  - the specific building and grade-level (elementary) or course offerings (secondary) in which the student desires to be enrolled if accepted by the division; and,
  - the agreement that the student is subject to all policies, regulations, and guidelines of the school division, including the Code of Student Conduct.
- 62 Within fifteen (15) calendar days of receipt of the complete application and required
- documentation, ACPS provides the applicant with written notification of the approval or denial of
- the application. If the student is to be admitted, ACPS will notify the school division previously
- attended by the student, if any, to make necessary arrangements for the transfer of student records.
- The notification of admission shall state the period for which the student is accepted and any
- subsequent conditions that could cause the acceptance to be terminated.
- 68 If the application is denied, ACPS will notify the parent/legal guardian of the right to have the
- transfer reviewed by sending a written request to the Superintendent or designee within seven (7)
- 70 calendar days. Applications denied based upon the student's suspension, expulsion, or withdrawal
- of admission will be reviewed as provided in Policy JEC School Admission. For all other denials
- 72 of admission, the Superintendent or designee will respond in writing to the request for review
- 73 within ten (10) calendar days.
- 74 If the request is denied, the Superintendent or designee notifies the parent/legal guardian of the
- right to petition the Alexandria City School Board, upon five (5) calendar days' prior notice, for

- review of the decision and to have a hearing before the Board at its next regular meeting. Following
- 77 the hearing by the Board, a final decision will be promptly communicated to the parent/legal
- 78 guardian in writing. If review is not requested within the timelines specified, the recommended
- 79 denial of the request for admission shall be submitted to the Board at its next regular meeting.

## **Definition of Residency**

80

86

- In alignment with the Code of Virginia and interpretations by the Virginia Attorney General, a
- 82 bona fide residence is one's actual or true residence, maintained in good faith, and is not a
- 83 temporary or superficial residence established for convenience or for the purpose of free school
- 84 attendance in Alexandria City Public Schools. Children living in Alexandria "for educational
- purposes only" are not considered residents of the City of Alexandria.

# **Documentation of Residency**

- 87 A parent/legal guardian of a student enrolling in ACPS has the responsibility of providing the
- 88 necessary documentation to verify City of Alexandria residency. It is the responsibility of the
- 89 parent/legal guardian or adult student to notify the school in the event that the student and/or the
- 90 parent/legal guardian has a residency change. Notification of a residency change should happen
- 91 within three (3) calendar days.

## 92 Proof of Alexandria City Residency – THREE FORMS

- 93 Any ONE of the following documents must be submitted for verification of residency within the
- 94 City of Alexandria. Only originals of documents will be accepted (no copies). Supporting
- 95 documents must be current and where indicated, dated within the past 60 days.
- Lease agreement (current document with dates, legal guardian's signature and address)
  - Deed, with a real-estate property tax receipt in the legal guardian's name
- Purchase settlement documents
- and <u>TWO</u> supporting documents noting parent's/legal guardian's name and property address
- such as:

97

101

102

109

- Utility bill (water, gas, electric, cable, and/or landline phone)-within the past 60 days
- Current personal Alexandria property tax bill/receipt (vehicle, boat, RV, etc.)
- Mailed letter from a government agency (TANIF, HUD, IRS, etc.)
- Current pay stub (noting Virginia tax withholding) within the past 60 days
- Latest federal/state income tax return (cover page only)
- 2 consecutive bank statements (within the past 60 days)
- 107
- Current homeowner's or renter's insurance policy

## **Shared Housing Residents**

- 110 If living in shared housing, a notarized Shared Housing A/B Form is required with an original copy
- of the homeowner's deed (with a tax bill) or an original copy of the lease for the person with whom
- the student and parent/legal guardian are living. The parent/legal guardian or adult student is
- required to provide <u>two</u> supporting documents (in the parent's/legal guardian's or adult student's

- 114 name) as listed above.
- It is the responsibility of the parent/legal guardian or adult student to provide the school with an
- updated Shared Housing A/B Form, and supporting documents, within five (5) calendar days of
- expiration of the previous form.

### Kinship Care

118

130

- Kinship care is defined as the full-time care, nurturing, and protection of a child by relatives.
- Kinship care is temporary in nature and is not for educational purposes. A parent/legal guardian of
- a student enrolling in ACPS has the responsibility of providing the necessary documentation to
- verify the student's legal custodian and/or kinship care arrangement. The parent/legal guardian
- and kinship care guardian must complete the Kinship Care Affidavit (A and B) and attach all
- supporting documentation.
- 125 A current Kinship Care Affidavit and supporting documentation must be filled out annually at least
- 2 weeks prior to the start of school each year. In the event that the student has a change in custody
- or care, it is the responsibility of the parent/legal guardian to notify the school within thirty (30)
- calendar days. Separate affidavits are required in instances of multiple students. Kinship Care
- 129 Affidavit must be resubmitted annually.

## **Residency Review**

- 131 ACPS may require, after initial enrollment, updated documentation of residency in the City of
- Alexandria. In addition to individual verification, ACPS reserves the right to initiate specific
- grade-level or school-wide residency verification activities. The burden of providing evidence of
- 134 continued residence within the City of Alexandria is on the parent/legal guardian, adult student or
- individual acting on behalf of the student.
- ACPS may revoke a finding of residency if it becomes aware of evidence showing that a student
- is not a bona fide resident of the City of Alexandria, has changed residency to another locality, or
- the parent/guardian has made false statements concerning custody, guardianship or kinship care.
- Any person(s) who knowingly makes a false statement concerning the residency of a student in
- ACPS for the purposes of convenience or avoiding tuition charges may be guilty of a Class 4
- 141 Misdemeanor, under § 22.1-264.1 of the Code of Virginia. Additionally, they may be held liable
- to ACPS, as a result of making false statements, for tuition during the time that the student was
- enrolled.

- Any decision by a school administrator or the Residency Verification Specialist (RVS) to deny or
- revoke a finding of residency may be appealed to the Department of Student Services, and Equity
- in writing within five (5) calendar days. The appeal will be conducted by the Executive Director
- of Student Services & Equity or their designee.
- An appeal process meeting will be scheduled within 3 calendar days.
- Appeal meetings may occur in-person or over the phone. In-person meetings must be scheduled in advance to ensure all parties are available to attend.
  - Any documentation presented to refute the withdrawal will be verified.

• ACPS will conduct a home visit to verify the physical presence of family members within 3 calendar days of the appeal meeting. Students will remain in attendance during the appeal meeting.

### 155 **Tuition Rate**

- The tuition rate shall be set by the Superintendent for each academic year in alignment with Policy
- 157 JN Student Fees, Fines, and Charges.

# 158 Transportation

• Transportation is provided in accordance with Policy EEA Student Transportation Services.

```
Established:
                    December 5, 1996
161
      Revised:
                     July 10, 1997
162
                    October 5, 2000
      Revised:
163
      Revised:
                     June 19, 2003
164
                    June 26, 2007
      Revised:
165
                     June 18, 2015
      Revised:
166
      Revised:
                     June 5, 2018
167
      Revised:
                    July 6, 2018
168
                     May 5, 2022
      Revised:
169
```

- 170 Legal Refs.: Code of Virginia, 1950, as amended, §§ 22.1-3, 22.1-5, 22.1-260, and
- 171 22.1-287.02
- 172 1999 Va. Op. Atty. Gen. 105
- 173 Cross Refs.: EEA Student Transportation Services
- JEC School Admission
- JECA Admission of Children Experiencing Homelessness
- JFC Student Conduct
- JN Student Fees, Fines, and Charges
- 178 JO Student Records

#### SCHOOL ADMISSION REGULATIONS

- 2 No person shall be is charged tuition for admission or enrollment in the Alexandria City Public
- 3 Schools (ACPS), whether on a full-time or part-time basis, who is eligible for admission under
- 4 Policies JEC School Admission or JECA Admission of Children Experiencing Homelessness.
- 5 School officials may not inquire into the student's or parent/guardian's citizenship or visa status
- 6 in determining eligibility for tuition-free enrollment in the school division.

- 7 However, the school division may admit and charge tuition to a student who:
  - A. Is a resident of the school division but not of school age;
    - B. Is of school age and not a resident of Virginia but is temporarily living with a nonparent who resides within the school division, except as otherwise provided by law:
      - C. Is of school age and resides beyond the boundaries of Virginia but near Alexandria City in the event the residing location grants equal attendance privileges to residents of the Commonwealth;
      - D. Is of school age and resides on a military or naval reservation located wholly or partly within the geographical boundaries of the school division, is not a domiciled resident of the Commonwealth of Virginia, and is a student for whom federal funds provided under Public Law 874 of 1950, commonly known as Impact Aid, fund less than 50 percent of the total per capita cost of education in Alexandria City Public Schools exclusive of capital outlay and debt service; such students shall be eligible for interscholastic programs immediately upon enrollment, provided that such persons (i) satisfy all other requirements for eligibility and (ii) are dependents of a military service member required by the military to live on the military installation as evidenced by a statement on command letterhead signed by, or by direction of, the service member's commanding officer;
      - E Is of school age and attending a school in the Division pursuant to a foreign student exchange program approved by the School Board;
      - F. Is a resident of the Commonwealth but not of the school division, except as provided in Policy JEC School Admission;
      - G. Is of school age and was enrolled in a public school within the Division as a domiciled resident of the Commonwealth, and has been required as a result of military or federal orders issued to their parents/guardians to relocate and reside on federal property in another state or the District of Columbia, where such state or the District of Columbia is contiguous to the school division; or
    - G. Is of school age and residing within the school division and is enrolled in summer programs other than remediation required under §22.1-253:13.1, or is enrolled in

local initiatives or programs not required by the Standards of Quality or the Standards of Accreditation.

39 Eligibility for consideration does not signify acceptance of the admission application of a student.

- Each application for admission will be considered on an individual basis. The residency of
- 41 persons in the above categories who reside in housing or temporary shelter, or on property located
  - in multiple jurisdictions, shall be determined in the manner set forth in Policy JEC School
- 43 Admission.

40

42

48

51 52

53

54

55

56 57

58

59

60

61

- 44 Foreign students with an F-1 immigration status or who obtain F-1 student visas shall not be
- 45 admitted in the division's elementary schools or publicly funded adult education programs. Such
- 46 students may be admitted, for a period of up to twelve (12) months, in the Division's secondary
- 47 schools only if they pre-pay the full, unsubsidized per capita cost of the education.

#### Procedure for Admission

- 49 The following procedure shall be is followed for application and review of applications for admission of students.
  - A parent/<u>legal</u> guardian of a student <u>must shall</u> apply for admission on behalf of the student by completing the <u>ACPS</u> school division application. The application form contains information and agreements including, but not limited to:
    - the current legal residence of the child and the school division in which is the child is currently enrolled, if any;
    - the child's unique student identification number, if any;
    - the basis for requesting admission;
    - the specific building and grade-level (elementary) or course offerings (secondary) in which the student desires to be enrolled if accepted by the division; and,
    - the agreement that the student is subject to all policies, regulations, and guidelines of the school division, including the Code of Student Conduct.
- 62 Within fifteen (15) calendar days of receipt of the complete application and required
- documentation, ACPS shall-provides the applicant with written notification of the approval or
- denial of the application. If the student is to be admitted, the Superintendent or superintendent's
- 65 designee shall and ACPS will notify the school division previously attended by the student, if any,
- 66 to make necessary arrangements for the transfer of student records. The notification of admission
- 67 shall state the period for which the student is accepted and any subsequent conditions that could
- 68 cause the acceptance to be terminated.
- ob cause the acceptance to be terminated.
- 69 If the application is denied, ACPS shall will notify the parent/legal guardian of the right to have
- 70 the transfer reviewed by sending a written request to the Superintendent or designee within seven
- 71 (7) calendar days. Applications denied based upon the student's suspension, expulsion, or
- vithdrawal of admission will shall be reviewed as provided in Policy JEC School Admission. For
- all other denials of admission, the Superintendent or designee will shall respond in writing to the
- 74 request for review within ten (10) calendar days.
- 75 If the request is denied, the Superintendent or designee shall-notifiesy the parent/legal guardian of

- 76 the right to petition the Alexandria City School Board, upon five (5) calendar days' prior notice,
- 77 for review of the decision and to have a hearing before the Board at its next regular meeting.
- 78 Following the hearing by the Board, a final decision will shall be promptly communicated to the
- 79 parent/legal guardian in writing. If review is not requested within the timelines specified, the
- parenti regar guardian in writing. It review is not requested within the timerines specified, the
- 80 recommended denial of the request for admission shall be submitted to the Board at its next regular
- 81 meeting.

82

98

99 100

101

102 103

104

105 106

107

108

109

110111

#### **Definition of Residency**

- 83 In alignment with the Code of Virginia and interpretations by the Virginia Attorney General, a
- 84 bona fide residence is one's actual or true residence, maintained in good faith, and is not a
- 85 temporary or superficial residence established for convenience or for the purpose of free school
- 86 attendance in Alexandria City Public Schools. Children living in Alexandria "for educational
- 87 purposes only" are not considered residents of the City of Alexandria.

### 88 Documentation of Residency

- 89 A parent/legal guardian of a student enrolling in ACPS has the responsibility burden\_of providing
- 90 the necessary documentation to verify City of Alexandria residency. It is the responsibility of the
- 91 parent/legal guardian or adult student to notify the school in the event that the student and/or the
- 92 parent/legal guardian has a residency change. Notification of a residency change should happen
- 93 within three (3) calendar days.

#### 94 Proof of Alexandria City Residency – THREE FORMS

- 95 Any ONE of the following documents must be submitted for verification of residency within the
- 96 City of Alexandria. Only originals of documents will be accepted (no copies). Supporting
- 97 documents must be current and where indicated, dated within the past 60 days.
  - Lease agreement (current document with dates, legal guardian's signature and address)
    - Deed, with a real-estate property tax receipt in the legal guardian's name
    - Purchase settlement documents

and <u>TWO</u> supporting documents noting parent's/legal guardian's name and property address such as:

- Utility bill (water, gas, electric, cable, and/or landline phone)-within the past 60 days
- Current personal Alexandria property tax bill/receipt (vehicle, boat, RV, etc.)
- Mailed letter from a government agency (TANIF, HUD, IRS, etc.)
- Current pay stub (noting Virginia tax withholding) within the past 60 days
- Latest federal/state income tax return (cover page only)
- 2 consecutive bank statements (mailed within the past 60 days)
- Current vehicle registration from the Department of Motor Vehicles (DMV)
- Current homeowner's or renter's insurance policy

#### **Shared Housing Residents**

- If living in shared housing, a notarized Shared Housing A/B Form will be is required with an
- 113 original copy of the homeowner's deed (with a tax bill) or an original copy of the lease for the

- 114 person with whom the student and parent/legal guardian are living.-Additionally, the The
- 115 parent/legal guardian or adult student is required to provide two supporting documents (in the
- parent's/legal guardian's or adult student's name) as listed above.
- 117 It is the requirement responsibility of the parent/legal guardian or adult student to provide the
- 118 school with an renewed-updated Shared Housing A/B Form, and supporting documents, within
- 119 five (5) calendar days of expiration of the previous form.

### Kinship Care

120

- 121 Kinship care is defined as the full-time care, nurturing, and protection of a child by relatives.
- 122 Kinship care is temporary in nature and is not for educational purposes. A parent/legal guardian of
- a student enrolling in ACPS has the responsibility burden of providing the necessary
- documentation to verify the student's legal custodian and/or kinship care arrangement. The
- parent/legal guardian and kinship care guardian must complete the Kinship Care Affidavit (A and
- B) and attach all supporting documentation.
- 127 A current Kinship Care Affidavit and supporting documentation must be filled out annually at least
- 128 2 weeks prior to the start of school each year. In the event that the student has a change in custody
- 129 or care, it is the responsibility of the parent/legal guardian to notify the school within thirty (30)
- 130 calendar days. Separate affidavits are required in instances of multiple students. Kinship Care
- 131 Affidavit must be resubmitted annually.

#### 132 Residency Review

- 133 ACPS may require, after initial enrollment, updated documentation of residency in the City of
- 134 Alexandria. In addition to individual verification, ACPS reserves the right to initiate specific
- grade-level or school-wide residency verification activities. The burden of providing evidence of
- 136 continued residence within the City of Alexandria is on the parent/legal guardian, adult student or
- individual acting on behalf of the student.
- 138 ACPS may revoke a finding of residency if it becomes aware of evidence showing that a student
- is not a bona fide resident of the City of Alexandria, has changed residency to another locality, or
- 140 the parent/guardian has made false statements concerning custody, guardianship or kinship care.
- 141 Any person(s) who knowingly makes a false statement concerning the residency of a student in
- ACPS for the purposes of convenience or avoiding tuition charges may be guilty of a Class 4
- 143 Misdemeanor, under § 22.1-264.1 of the Code of Virginia. Additionally, they may be held liable
- to ACPS, as a result of making false statements, for tuition during the time that the student was
- 145 enrolled.

150

151

152

- 146 Any decision by a school administrator or the Residency Verification Specialist (RVS) to deny or
- 147 revoke a finding of residency may be appealed to the Department of Student Services, Alternative
- 148 Programs and Equity in writing within five (5) calendar days. The appeal will be conducted by the
- Executive Director of Student Services & Equity or their his/her designee.
  - An appeal process meeting will be scheduled within 3 calendar days.
    - Appeal meetings may occur in-person or over the phone. In-person meetings must be scheduled in advance to ensure all parties are available to attend.

**Commented** [1]: This can be broken into bullet points and communicated to familie when SSE is contacted with the intent to appeal

• Any documentation presented to refute the withdrawal will be verified. 153 -ACPS will conduct a home visit to verify the physical presence of family members within 154 Formatted: Outline numbered + Level: 1 + Numbering 155 3 calendar days of the appeal meeting. Students will remain in attendance during the appeal Style: Bullet + Aligned at: 0.25" + Indent at: 0.5" 156 meeting. 157 • **Tuition Rate** 158 159 The tuition rate shall be set by the Superintendent for each academic year in alignment with Policy 160 JN - Student Fees, Fines, and Charges. 161 **Transportation** • Transportation is provided in accordance with Policy EEA Student Transportation 162 Services. 163 Established: December 5, 1996 164 Revised: July 10, 1997 165 October 5, 2000 166 Revised: June 19, 2003 167 Revised: June 26, 2007 Revised: 168 Revised: June 18, 2015 169 June 5, 2018 170 Revised: Revised: July 6, 2018 171 Revised: May 5, 2022 172 Legal Refs.: Code of Virginia, 1950, as amended, §§ 22.1-3, 22.1-5, 22.1-260, and 173 22.1-287.02 174 175 1999 Va. Op. Atty. Gen. 105 Cross Refs.: 176 EEA Student Transportation Services JEC School Admission 177 178 JECA Admission of Children Experiencing Homelessness JFC Student Conduct 179 180 JN Student Fees, Fines, and Charges 181 Student Records PROOF OF CITY OF ALEXANDRIA RESIDENCY 182 **ALEXANDRIA CITY PUBLIC SCHOOLS** 183 1340 Braddock Place 184 Alexandria, VA 22314 STATEMENT OF PARENT(S)/GUARDIAN(S) 185 186 187 I hereby affirm that I am residing with Formatted: Centered 188 (Name of City of Alexandria Resident) 189

| Name(s)                                                                                                                                                                              | Age(s)                                                                                                                                                       | iding with me at the above a<br>Attending S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                             |                                                                    | Formatted: Centered                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                      | =====                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                             | 4                                                                  | Formatted: Centered                                                                                                                          |
|                                                                                                                                                                                      |                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                             | 4                                                                  | Formatted: Centered                                                                                                                          |
|                                                                                                                                                                                      |                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                             | 4                                                                  | Formatted: Centered                                                                                                                          |
|                                                                                                                                                                                      | <u> </u>                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                             | * (                                                                | Formatted: Centered                                                                                                                          |
| <b>a</b>                                                                                                                                                                             |                                                                                                                                                              | the following statements:<br>fren) in the Alexandria City I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2 11' G 1 1 (4 GPG)                                                                                                                         |                                                                    | Formatted: Centered                                                                                                                          |
| based on my statement, a<br>tuition for my child(ren)<br>residence and understand<br>residence. Under §22.1-264                                                                      | and if this statement is f  I hereby waive my ri  I that ACPS will use wh  I of the Code of Virgin                                                           | alse, I understand that I am li<br>ghts to confidentiality of infi<br>natever legal means it has at<br>nia, any person who knowing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | iable for payment of fuormation relative to my<br>its disposal to verify my<br>lyly makes a false stater                                    | <del>ill</del><br><del>y</del><br><del>ny</del><br><del>ment</del> | Formatted: Centered, No bullets or numbering Border: Top: (No border), Bottom: (No border) border), Right: (No border), Between: (No border) |
| concerning the residence                                                                                                                                                             |                                                                                                                                                              | pose of avoiding tuition, shall emeanor.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | l be guilty of a Class 4                                                                                                                    | ŀ                                                                  |                                                                                                                                              |
|                                                                                                                                                                                      | notify the principal or dehild(ren) within thre                                                                                                              | esignee of any change of resi<br>e (3) days of such change.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                             |                                                                    |                                                                                                                                              |
| I also understand                                                                                                                                                                    | that supporting docum                                                                                                                                        | entation in my name (i.e. sec<br>this form as noted in Schoo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ond form of residence<br>I Board Regulation JE                                                                                              | <del>cy</del><br>C-R                                               |                                                                                                                                              |
| vermeation) is required to                                                                                                                                                           |                                                                                                                                                              | Admission).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 8                                                                                                                                           |                                                                    |                                                                                                                                              |
| *This form is valid for s                                                                                                                                                            | ( <del>School</del><br>ix months from the da<br>a new application and                                                                                        | Admission).  te of application. Continue I providing appropriate do                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | d enrollment after su<br>cumentation. Failure                                                                                               | ←<br><del>ch</del><br>e-to                                         | Formatted: Centered                                                                                                                          |
| *This form is valid for s<br>time requires completing<br>do so will result in with                                                                                                   | ( <del>School</del><br>ix months from the da<br>a new application and                                                                                        | Admission). te of application, Continue I providing appropriate do hild(ren) from the Alexand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | d enrollment after su<br>cumentation. Failure                                                                                               | ←<br><del>ch</del><br>e-to                                         | Formatted: Centered                                                                                                                          |
| *This form is valid for s<br>time requires completing<br>do so will result in with                                                                                                   | (School ix months from the da a new application and lrawal of the named el                                                                                   | Admission). te of application, Continue I providing appropriate do hild(ren) from the Alexand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | d enrollment after su<br>cumentation. Failure<br>ria City Public Schoo                                                                      | ←<br><del>ch</del><br>e-to                                         | Formatted: Centered                                                                                                                          |
| *This form is valid for s time requires completing do so will result in withe  Printed !  Signature  I hereby certify that on t appeared before me and ir                            | (School ix months from the da a new application and lrawal of the named cl  Name of Parent/Guardic  his day of lade oath in due form of                      | Admission).  te of application. Continue I providing appropriate do hild(ren) from the Alexand  in (Home Phone)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | d enrollment after sucumentation. Failure ria City Public Schoo  (Work Phone)  *Date  subscribers personall acts are true to the best       | ←<br>ch<br>e to<br>ols.                                            | Formatted: Centered                                                                                                                          |
| *This form is valid for s time requires completing do so will result in withe  Printed !  Signature  I hereby certify that on t appeared before me and ir                            | (School ix months from the da a new application and lrawal of the named el Name of Parent/Guardic his day of lade oath in due form of knowledge, information | Admission).  te of application. Continue I providing appropriate do hild(ren) from the Alexand  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | d enrollment after sucumentation. Failure ria City Public Schoo  (Work Phone)  *Date  subscribers personall acts are true to the best       | ←<br>ch<br>e to<br>ols.                                            | Formatted: Centered                                                                                                                          |
| *This form is valid for s time requires completing do so will result in withe  Printed !  Signature  I hereby certify that on t appeared before me and m their  My Commission Expire | ix months from the da a new application and brawal of the named el  Name of Parent/Guardic  his day of hade oath in due form of knowledge, information       | Admission).  te of application. Continue I providing appropriate do hild(ren) from the Alexand  In (Home Phone) , the above f the law that the foregoing for the law that | d enrollment after sucumentation. Failure ria City Public Schoo  (Work Phone)  *Date  subscribers personall acts are true to the best jury. | ←<br>ch<br>e to<br>ols.                                            | Formatted: Centered, Right: 0", Widow/Orph control, Border: Top: (No border), Bottom: (No Left: (No border), Right: (No border), Between     |
| *This form is valid for s time requires completing do so will result in withe  Printed !  Signature  I hereby certify that on t appeared before me and m their  My Commission Expire | ix months from the da a new application and brawal of the named el  Name of Parent/Guardic  his day of hade oath in due form of knowledge, information       | Admission).  te of application. Continue I providing appropriate do hild(ren) from the Alexand  In (Home Phone) , the above I the law that the foregoing for h, belief, under penalty of per Notary Public  by School Personnel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | d enrollment after sucumentation. Failure ria City Public Schoo  (Work Phone)  *Date  subscribers personall acts are true to the best jury. | ←<br>ch<br>e to<br>ols.                                            | Formatted: Centered, Right: 0", Widow/Orph control, Border: Top: (No border), Bottom: (No                                                    |

| PROOF OF CITY OF AL                                                                                                                      | EXANDRIA RESIDENCY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ALEXANDRIA CIT                                                                                                                           | Y PUBLIC SCHOOLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                                                                                                                                                |
| 1340 Bra                                                                                                                                 | ldock Place                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                                                                                                                                                                |
|                                                                                                                                          | a, VA 22314                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                                                                                                                                                                |
| STATEMENT OF CITY OF                                                                                                                     | ALEXANDRIA RESIDENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                                                                                                                |
|                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                                                                                                                                                |
| I hereby affire                                                                                                                          | n that I reside at:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <del></del>          | Formatted: Centered                                                                                                                                            |
|                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                    |                                                                                                                                                                |
| Street                                                                                                                                   | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                                                                                                                                                |
|                                                                                                                                          | 7: 0.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                                                                                                |
| City Sta<br>(A copy of the City of Alexandria Resident's Mort                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                                                                                                                                                |
|                                                                                                                                          | gage, Current Lease Agreement, or Deed with ll must accompany this form.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <del>a copy</del>    |                                                                                                                                                                |
| Living with me are the adults listed below who has                                                                                       | re school age children to be enrolled in Alex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <del>vandria</del> ← | Formatted: Centered                                                                                                                                            |
| City Pub                                                                                                                                 | ie Schools:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                                                                                                                                                                |
| Name(s) of adult(s) residing with me:                                                                                                    | Name(s) of their children(s) residing with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | h me:                |                                                                                                                                                                |
|                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4                    | Formatted: Centered                                                                                                                                            |
|                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4                    | Formatted: Centered                                                                                                                                            |
|                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del>*</del> ~ .     | Formatted: Centered                                                                                                                                            |
| Please read and initial                                                                                                                  | the following statements:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      | Formatted: Centered                                                                                                                                            |
| ☐ I understand that enrollment in the Alexar                                                                                             | dria City Public Schools (ACPS) of the child(1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ren) of 🔨 🗀          |                                                                                                                                                                |
| the adult(s) identified on FORM A is based on my                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      | Formatted: Centered                                                                                                                                            |
| am liable for payment of full tuition of the child(r<br>person who knowingly makes a false statement or<br>avoiding tuition, shall be gu |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      | Formatted: Centered, No bullets or numbering,<br>Border: Top: (No border), Bottom: (No border), Left: (No<br>border), Right: (No border), Between: (No border) |
| I will notify the principal or designee o                                                                                                | any change of residence of the named adult(s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <del>) or</del>      |                                                                                                                                                                |
| child(ren) within three                                                                                                                  | (3) days of such change.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                                                                                                                                                |
|                                                                                                                                          | /are required to provide supporting docume                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                                                                                                                                                                |
| in their name (i.e. second form of residency verific                                                                                     | ation) along with this form as noted in School                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Board                |                                                                                                                                                                |
| Regulation JEC-R                                                                                                                         | (School Admission).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                                                                                                                |
|                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>-</b>             | Formatted: Centered                                                                                                                                            |
| *This form is valid for six months from the date                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                                                                                                                                                |
| to reside in the City of Alexandria. If the application                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                                                                                                                                                |
| months, a new form and supporting documents                                                                                              | must be submitted. Failure to do so will re-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <del>sult in</del>   |                                                                                                                                                                |
| withdrawal of the named child(ren) for                                                                                                   | om the Alexandria City Public Schools.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                                                                                                |
| Dainted Manner of City CA1 11 Po 11                                                                                                      | (II Dis ) (W. 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D1 \                 |                                                                                                                                                                |
| Printed Name of City of Alexandria Reside                                                                                                | ent (Home Phone) (Work                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <del>Phone)</del>    |                                                                                                                                                                |
|                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                                                                                                                                                |
| Signature of City of Alexandria Reside                                                                                                   | nt *D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ata                  |                                                                                                                                                                |
| Signature of City of Alexandria Reside                                                                                                   | The state of the s | ate                  |                                                                                                                                                                |
| I hereby certify that on this day of                                                                                                     | the above subscribers, person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | nally                |                                                                                                                                                                |
| appeared before me and made oath in due form of                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2                    |                                                                                                                                                                |
|                                                                                                                                          | belief, under penalty of perjury.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                                                                                                                                                |
|                                                                                                                                          | , 1 2 - F-37                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |                                                                                                                                                                |
|                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                                                                                                                                                |
| My Commission Expires///                                                                                                                 | Notary Public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | _ [                  |                                                                                                                                                                |
|                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                                                                                                                                                |
| ALEXANDRIA CIT                                                                                                                           | Y PUBLIC SCHOOLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                                                                                                                                                |
|                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7                    |                                                                                                                                                                |

| To Be Completed by School Personnel                                             |                                                       | Formatted: Font: (Default) Times New Roman,<br>Underline |
|---------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------|
| Entered date in PowerSchool<br>Submitted copy to Department of Student Services | Student ID # Please forward copy to sibling(s) school | Formatted: Space After: 0 pt                             |