

CITY OF SALEM SCHOOLS

NEW NONRESIDENT STUDENT APPLICATION – SCHOOL YEAR 2026-2027

Application Deadline is **JUNE 30TH**

Demographic Information: (Please Print)

Student's Name: _____ Date of Birth: _____
(Last) (First) (Middle)

Grade Level for 2025-2026: _____ Grade level for 2026-2027: _____

Parent/Guardian Name (Making Request): _____

(Street) (City) (State) (Zip)

Mailing Address (if different) _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Does your student receive any special education or gifted services? **No Yes** If yes, you **must** attach an IEP or other supporting documentation.

Previous School Information:

What school is your child currently attending? _____

Has your child attended a different school? **No Yes** If yes, what school(s) has your child attended?

Please indicate which city/county you are a resident of by placing an X:

Roanoke City ____ Roanoke County ____ Craig County ____ Montgomery County ____ Other: _____

Additional Information:

Please **circle** which Salem City School you wish your student to attend:
Salem High School / Andrew Lewis Middle School / GW Carver Elem. / East Salem Elem. / South Salem Elem. / West Salem Elem.

Do you own a business or property in the City of Salem? **No Yes** If yes, what is the address? (**Documentation must be provided**)

Is either parent currently a **full time employee** of the City of Salem or City of Salem Schools? **No Yes** If yes, provide the name of the parent and the employer: _____

Are there any other City of Salem School non-resident students in the family? **No Yes** If yes, please list name(s) and current school(s):

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

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

Tuition:

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

Non-resident tuition is \$1,000.00 per student. Rates for multiple students **within the same household** is as follows: \$1,000 for the first student, \$500 for the second student, \$250 for third student and thereafter. Payment for tuition and fees for special education and/or gifted services **MUST** be received upon approval of application. There is a 50% reduction of tuition only for Salem business and property owners with proper documentation (fees for special education and gifted services is **not** reduced for business owners or property owners).

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

SIGNATURE OF PARENT OR GUARDIAN _____

(Page 1 of 4)

Additional Information for NEW Applicants Only

Student's Name: _____

Date of Birth: _____

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

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

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

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

The following scenarios are examples only. Specific costs are based upon services specified within a student's Individualized Educational Program (IEP). Gifted and talented tuition is actual cost.

Gifted and Talented Services (K-5)	\$133.00	Per Year (K-5)
Speech Therapy 30 minutes, two times a week	1,570.00	Per Year
Occupational or Physical Therapy 30 minutes, once a week	\$1,764.00	Per Year
Special Education monitor only	\$476.00	Per Year
Special Education Services per Collaborative Class	\$1,335.60	Per Year
Special Education Services 60 minutes daily/per class	\$1,872.00	Per Year
1 Collaborative class daily and 30 minutes of Speech Therapy weekly	\$2,271.60	Per Year
Student requires a one-on-one instructional assistant	\$32,500.00*	Per Year

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

IF YOU HAVE QUESTIONS, PLEASE CONTACT:

MRS. HUNTER ROUTT
DIRECTOR OF ADMINISTRATIVE SERVICES
CITY OF SALEM SCHOOLS
510 SOUTH COLLEGE AVENUE
SALEM, VIRGINIA 24153
(540) 389-0130

**Return this Application by June 30th, with ALL supporting documentation to:
Mrs. Hunter Routt, Director of Administrative Services,
Salem City Schools Administrative Offices, 510 South College Avenue, Salem, VA 24153**

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

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

Last Name First Middle Maiden Date of Birth

Name of Parent(s)/Guardian

Street Address

City State Zip Telephone Number

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

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

Name of Most Recent School Attended

Address City/State/Zip Telephone/FAX Number

To RELEASE or EXCHANGE Information with/to:

Salem City Schools

Name of School/Service

510 S. College Avenue **Salem, Virginia 24153** **(540) 389-0130/(540) 389-4135**

Address City/State/Zip Telephone/FAX Number

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

- Official Scholastic Record (name, address, birth date, grade level completed, grades, class standing, attendance record, standardized achievement test scores, school and community activities, work experience)
- Family Background Data (name and address of parents)
- Health/Medical Records, Physical Fitness Data, Certificate of Immunization
- Intelligence, Aptitude, Interest Test Scores
- Social History (if available)
- Legal, Psychological, and Medical Records/Reports (if available)
- Verified Reports of Serious or Recurrent Atypical Behavior Patterns (if available)
- State Required Reports of Evaluations and Other Pertinent Reports and Program for Exceptional students (Gifted, Handicapped)
- Other: _____

The reason for this disclosure is: **Non-Resident Application**

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

EXPIRATION DATE: 1 YEAR

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

Parent/Guardian/Eligible Student requests a copy of this signed Authorization form.

(8/2016)

Annual Timeline for Non-Resident Application:

Non-Resident Applications available: April 1st of each year
Applications due by: June 30th of each year
Acceptance letters mailed by: July 31, 2026
Tuition and Fees due by: August 24, 2026

Office Use Only:

CENTRAL OFFICE: Date Completed Packet Received: _____

PRINCIPAL:

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

Principal, please initial whether the student was approved or denied: _____APPROVED _____DENIED

REASON FOR DENIAL:

_____Lack of space availability

_____Poor Attendance

_____ Behavior does not meet expectations

_____Academic performance does not meet satisfactory expectations

Other: