

**VIRGINIA BEACH CITY PUBLIC SCHOOLS**  
**STUDENT PLACEMENT REQUEST FORM FOR MIDDLE SCHOOL (GRADES 6-8)**

Application Status: New  Renewal

Student's Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

DOB \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Business \_\_\_\_\_

Requested School \_\_\_\_\_ School Year 20 \_\_\_\_\_ - 20 \_\_\_\_\_

School serving area of residence \_\_\_\_\_ Grade Level (for year listed above) \_\_\_\_\_

Special program(s) in which currently enrolled Special Ed  Title I  Other \_\_\_\_\_

Reason(s) for this request \_\_\_\_\_

*Attach a letter if more space is needed.*

**ATTACH APPROPRIATE VERIFICATION FORM IF APPLICABLE:**

A. Child Care Verification (Check One) Yes \_\_\_\_\_ No \_\_\_\_\_

B. Medical Reasons Verification (Check One) Yes \_\_\_\_\_ No \_\_\_\_\_

C. Extenuating Circumstances (Check One) Yes \_\_\_\_\_ No \_\_\_\_\_

**PARENTAL/GUARDIAN AGREEMENT:**

I understand that if placement is approved:

1. **Transportation will not be provided by the school system.**
2. **Enrollment may be revoked for poor grades, low attendance, disruptive or uncooperative behavior on the part of student and parent, tardiness, overcrowding, or other factors.**
3. **If this request is approved, this does not constitute a permanent transfer. Please be advised that out-of-zone requests must be renewed yearly.**

I certify that all of the information on this application form is correct to the best of my knowledge and belief and understand the placement agreements as listed above.

\_\_\_\_\_  
 Date Signature of Parent/Guardian Name of Parent/Guardian (print)

**Return this form with proof of residence (most recent electric, gas or water utility bill) to the principal of the zoned school. If the request is due to a residence change, a copy of the lease or mortgage statement is also required. In the case of a student with a disability, the principal must consult with the Office of Programs for Exceptional Children prior to making a decision.**

**I. PRINCIPALS' RECOMMENDATIONS**

A. Zoned School Principal's Recommendation: \_\_\_\_\_ Approve \_\_\_\_\_ Disapprove \_\_\_\_\_ Date \_\_\_\_\_  
 Reason(s): \_\_\_\_\_  
 If the student is eligible under IDEA, did you consult with the Office of Programs for Exceptional Children?  Yes  No  
 School \_\_\_\_\_ Principal's Signature \_\_\_\_\_

B. Requested School Principal's Recommendation: \_\_\_\_\_ Approve \_\_\_\_\_ Disapprove \_\_\_\_\_ Date \_\_\_\_\_  
 Reason(s): \_\_\_\_\_  
 If the student is eligible under IDEA, did you consult with the Office of Programs for Exceptional Children?  Yes  No  
 School \_\_\_\_\_ Principal's Signature \_\_\_\_\_

**II. ROUTING INSTRUCTIONS: 1) The principal of the requested school may approve/deny the out-of-zone request based upon space available and shall forward any approved request to the principal of the current/zoned school. 2) The Office of Student Leadership will receive notification from the principal of any denied out-of-zone request.**

FOR OFFICE USE ONLY Appeal: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Code: \_\_\_\_\_ A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_

Coordinator of Student Conduct \_\_\_\_\_ Date \_\_\_\_\_

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 CHARTING THE COURSE

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