

VIRGINIA BEACH CITY PUBLIC SCHOOLS
STUDENT PLACEMENT REQUEST FORM FOR ELEMENTARY SCHOOL (GRADES K-5)

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 requested 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): _____
 School _____ Principal's Signature _____
 B. Requested School Principal's Recommendation: _____ Approve _____ Disapprove _____ Date _____
 Reason(s): _____
 School _____ Principal's Signature _____

II. ROUTING INSTRUCTIONS: 1) The principal of the receiving 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 for signature. 2) The Office of Student Leadership will receive notification from the principal of any denied out-of-zone request.

Code

FOR OFFICE USE ONLY Appeal: _____ Approved _____ Denied _____ : _____ A _____ B _____ C _____
 Coordinator of Student Conduct _____ Date _____

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