



STUDENT PLACEMENT REQUEST FORM FOR HIGH SCHOOL (GRADES 9-12)

Please complete form and submit to the Office of Student Leadership with:

1. verification of residence (ex: current copy of electric, gas or water utility bill) and
2. all required supporting documentation (as outlined below beside reason for request).

Application Type: New Renewal Military Yes No

Student: _____ DOB: _____
Last Name First Name MI

Parent/Guardian: _____

Street Address: _____, Virginia Beach, VA, Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Requested School: _____

School Serving Area of Residence: _____

School of Current Attendance: _____

Grade Level (for school year of request): 9 10 11 12

Special Programs/Services: 504 Plan Special Education Other: _____

Virginia High School League (VHSL) Activity/Activities: _____

Reason(s) for Request:

- Child of a VBCPS Employee Primarily Assigned to Requested School**
Include verification of current employment (ex: copy of current pay stub or bus route reflecting requested school).
- Completion of Senior Year at School Previously Assigned in Junior Year**
- Course/Program Not Available in Zoned School—Name of Course:** _____
- Extenuating Circumstances**
Include documentation showing educational reasons, exceptional hardship or other extenuating circumstances, along with a detailed explanation.
- Medical/Psychological Reasons**
Include *Medical-Physical Psychological Social Adjustment Reasons Form*, completed by a licensed professional.
- Residence Change during School Year of Request (Not applicable for moves during the summer or previous years.)**
Include complete housing contract or complete lease agreement as verification of residence change.
- Victim of a Crime**
Include police report(s) and/or school incident report(s).

Additional Description/Explanation of Above Reason(s) for Request:

Parent/Guardian Placement Agreement:

I understand that if this placement request is approved:

1. Transportation will not be provided by the school division and is the responsibility of the parent/guardian or adult student.
2. Enrollment may be revoked for poor grades, low attendance, excessive tardiness, disruptive or uncooperative behavior on the part of the student and/or parent/guardian, overcrowding, or other factors.
3. Approval does not constitute a permanent transfer and an application must be submitted for approval yearly.
4. This permission has to do only with registration for classes.

Any student who transfers from one school to another within the city, without a corresponding change of address, will be ineligible to participate in any VHSL activity for a period of one calendar year from the date of enrollment. For extenuating circumstances, the normal VHSL appeal process may be utilized.

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

Signature of Parent/Guardian or Adult Student

Date

Submit with verification of residence (ex: current copy of electric, gas or water utility bill) and all required supporting documentation (as outlined beside reason for request) to:

***Office of Student Leadership
ATTN: Coordinator of Student Conduct/Services***

***1413 Laskin Road
Virginia Beach, VA 23451***

OR

Fax to 757-263-2022.

Allow two weeks for processing. Requests submitted in June or July will be processed by September 1.

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FOR OFFICE USE ONLY

Coordinator's Decision

<u>Approved</u>	<u>Disapproved</u>
<input type="checkbox"/> Child of a VBCPS Employee	<input type="checkbox"/> Administrative Reasons (attendance, discipline and/or grades)
<input type="checkbox"/> Completion of Senior Year	<input type="checkbox"/> Insufficient Documentation Provided
<input type="checkbox"/> Course/Program Not Available in Zoned School Course: _____	<input type="checkbox"/> Move Made Outside of Current School Year
<input type="checkbox"/> Extenuating Circumstances	<input type="checkbox"/> Proof of Residence Not Provided
<input type="checkbox"/> Medical/Psychological Reasons	<input type="checkbox"/> Space Not Available in Requested Course
<input type="checkbox"/> Residence Change	<input type="checkbox"/> Request Does Not Meet Criteria
<input type="checkbox"/> Victim of a Crime	<input type="checkbox"/> Requested School Exceeds Capacity by 10% or More

Coordinator's Notes (as applicable): _____

Signature of Coordinator

Date