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

Application Status: New ☐ Renewal ☐
Military: Yes ☐ No ☐

Student's Name: _____ Last _____ Zip _____

DOB _____ Sex _____

Address _____ City _____ Zip _____

Telephone Number: Home _____ Business _____

Requested School: _____ School Year 20____ - 20

Zoned School: _____ Grade Level (for year listed above) ____

Special program(s) in which currently enrolled Special Education ☐ 504 Plan ☐ 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 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 _____