



VIRGINIA BEACH CITY PUBLIC SCHOOLS

A H E A D O F T H E C U R V E

REQUEST FOR OUT-OF-ZONE ATTENDANCE PERMIT ELEMENTARY OR MIDDLE SCHOOL CHILDCARE

Student's Name: _____

Father's Full Name: _____

Employee Address: _____

Occupation	Hours of Work	Phone
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Mother's Full Name: _____

Employee Address: _____

Occupation	Hours of Work	Phone
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SCHOOL REQUESTED: _____

Extenuating Circumstances Which Exist Causing Unreasonable Hardship (Use back of page, if necessary.)

I certify that this information is true.

Parent's Signature _____ Date: _____

The above named parent is requesting an out-of-zone attendance permit for his/her child due to childcare. The parent/guardian has indicated that the above-referenced student is cared for by you. To be considered for an out-of-zone attendance permit, Virginia Beach City Public Schools requires verification that the student has a childcare provider who lives outside the student's attendance zone. Information submitted by you (the child care provider) will assist us in arriving at a decision regarding the parent's request.

Hours of Childcare: _____

Childcare Provider's Full Name: _____

Childcare Provider's Address: _____

Childcare Provider's Signature: _____ Date: _____