



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 MEDICAL REASONS

Student's Name: _____

Parent/Guardian: _____

Street Address: _____

Student's Assigned School: _____

The above-named parent is requesting an out-of-zone attendance permit for his/her child due to medical reasons.

The parent/guardian has indicated that the above-referenced student is under your medical care.

To be considered for an out-of-zone attendance permit, Virginia Beach City Public Schools requires verification of the student's medical problem(s) as a justification for attendance at a school other than the one assigned.

Information submitted by you (the physician) concerning the student's diagnosis, treatment and recommendation will assist us in arriving at a decision regarding the parent's request.

DIAGNOSIS: _____

TREATMENT (INCLUDING MEDICATION): _____

The transfer is _____ required/is not _____ required as a part of the treatment plan for the referenced student.

RECOMMENDATION _____

Physician's Signature

Physician's Name (Type or Print)

Address

Telephone Number

Date