



# VIRGINIA BEACH CITY PUBLIC SCHOOLS

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

Department of School Administration  
Office of Student Leadership  
Laskin Road Annex, 1413 Laskin Road  
Virginia Beach, VA 23451

## STUDENT PLACEMENT REQUEST FORM FOR HIGH SCHOOL (GRADES 9-12) - SUPPLEMENT MEDICAL-PHYSICAL/PSYCHOLOGICAL/SOCIAL ADJUSTMENT REASONS

Student's Name \_\_\_\_\_  
(Last) (First) (MI) (DOB)

Parent/Guardian \_\_\_\_\_  
Street Address \_\_\_\_\_

STUDENT'S ASSIGNED SCHOOL \_\_\_\_\_

The above-named parent/guardian 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 professional care.

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

Information submitted by you (the physician/nurse practitioner/physician's assistant/licensed clinical psychologist) 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 above referenced patient/client has been under my care/treatment since \_\_\_\_\_ (date).

The transfer is \_\_\_\_\_ required, is not \_\_\_\_\_ required as a part of the treatment plan for the referenced student.

RECOMMENDATION \_\_\_\_\_

\_\_\_\_\_  
Licensed Professional's Signature

\_\_\_\_\_  
Licensed Professional's Name (Type or Print)

\_\_\_\_\_  
Address Telephone Number Date

Attach this form to the *STUDENT PLACEMENT REQUEST FORM FOR HIGH SCHOOL (GRADES 9-12)*