

Virginia Beach City Public Schools
Department of School Administration
2512 George Mason Drive
Post Office Box 6038
Virginia Beach, VA 23456-0038

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 licensed professional) 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)*