



VIRGINIA BEACH CITY PUBLIC SCHOOLS

CHARTING THE COURSE

Department of School Leadership
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