

**VIRGINIA BEACH CITY PUBLIC SCHOOLS
STUDENT PLACEMENT REQUEST FORM FOR MIDDLE SCHOOL (GRADES 6-8)**

Application Status: New Renewal
Military: Yes No

Student's Name: _____ Last _____ Zip _____

DOB _____ Sex _____

Address _____ City _____ Zip _____

Telephone Number: Home _____ Business _____

Requested School: _____ School Year 20 _____ - 20 _____

Zoned School: _____ Grade Level (for year listed above) _____

Special program(s) in which currently enrolled Special Education 504 Plan Other

Reason(s) for this request

Attach a letter if more space is needed.

ATTACH APPROPRIATE VERIFICATION FORM IF APPLICABLE:

A. Child Care Verification (check one) Yes No

(Middle school students in grades 7/8 that were approved for the 2018-2019 school year for child care issues.)

B. Medical Reasons Verification (check one) Yes No

C. Extenuating Circumstances (check one) Yes No

PARENTAL/GUARDIAN AGREEMENT:

I understand that if placement is approved:

- 1. Transportation will not be provided by the school system.**
- 2. Enrollment may be revoked for poor grades, low attendance, disruptive or uncooperative behavior on the part of student and parent, tardiness, overcrowding, or other factors.**
- 3. If this request is approved, this does not constitute a permanent transfer. Please be advised that out-of-zone requests must be renewed yearly.**

I certify that all of the information on this application form is correct to the best of my knowledge and belief and understand the placement agreements as listed above.

Date _____ Signature of Parent/Guardian _____ Name of Parent/Guardian (print) _____

Return this form with proof of residence (most recent electric, gas or water utility bill) to the principal of the zoned school. If the request is due to a residence change, a copy of the lease or mortgage statement is also required. In the case of a student with a disability, the principal must consult with the Office of Programs for Exceptional Children prior to making a decision.

I. PRINCIPALS' RECOMMENDATIONS

A. Zoned School Principal's Recommendation: _____ Approve _____ Disapprove _____ Date _____
Reason(s): _____
If the student is eligible under IDEA, did you consult with the Office of Programs for Exceptional Children? Yes No
School _____ Principal's Signature _____

B. Requested School Principal's Recommendation: _____ Approve _____ Disapprove _____ Date _____
Reason(s): _____
If the student is eligible under IDEA, did you consult with the Office of Programs for Exceptional Children? Yes No
School _____ Principal's Signature _____

II. ROUTING INSTRUCTIONS: 1) The principal of the requested school may approve/deny the out-of-zone request and shall forward any approved request to the principal of the current/zoned school. 2) The Office of Student Leadership will receive notification from the principal of any denied out-of-zone request.

FOR OFFICE USE ONLY Appeal: _____ Approved _____ Denied _____ Code: _____ A _____ B _____ C

Coordinator of Student Conduct _____ Date _____