



**VIRGINIA BEACH CITY PUBLIC SCHOOLS**  
CHARTING THE COURSE

**OUT-OF-ZONE STUDENT PLACEMENT REQUEST FORM**  
**ELEMENTARY SCHOOL (GRADES K-5)**

Please complete form and submit to the current/zoned school with:

1. Verification of residence (current copy of electric, gas or water bill) and
2. All required supporting documentation (as outlined below beside reason for request).

**Application Type:** New ☐ Renewal ☐

**Military:** Yes ☐ No ☐

**Student:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
Last Name First Name MI

**Parent/Guardian:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_, Virginia Beach, VA, Zip: \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Requested School:** \_\_\_\_\_

**School Serving Area of Residence:** \_\_\_\_\_

**School of Current Attendance:** \_\_\_\_\_

**Grade Level (for school year of request):** K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

**Special Programs/Services:** 504 Plan ☐ Special Education ☐ Other: \_\_\_\_\_

**Reason(s) for Request:**

- ☐ **Child of a VBCPS Employee Primarily Assigned to Requested School or Feeder School**  
Include verification of current employment (copy of current pay stub or bus route reflecting requested school).
- ☐ **Extenuating Circumstances**  
Include documentation showing educational reasons, exceptional hardship or other extenuating circumstances, along with a detailed explanation.
- ☐ **Child Care (Elementary School only)**  
Include *Elementary School Childcare Form*, completed by Childcare Provider
- ☐ **Medical/Psychological Reasons**  
Include *Medical-Physical Psychological Social Adjustment Reasons Form*, completed by current treating licensed professional.
- ☐ **Residence Change during School Year of Request (Not applicable for moves during the summer or previous years.)**  
Include signed real estate purchase agreement/closing document or signed lease agreement as verification of residence change.
- ☐ **Victim of a Crime**  
Include police report(s) and/or school incident report(s).

**Additional Description/Explanation of Above Reason(s) for Request:** (may include additional sheets if necessary)

**Parent/Guardian Placement Agreement:**

I understand that if this placement request is approved:

1. Transportation will not be provided by the school division and is the responsibility of the parent/guardian.
2. Enrollment may be revoked for poor grades, low attendance, excessive tardiness, disruptive or uncooperative behavior on the part of the student and/or parent/guardian, overcrowding, or other factors.
3. Approval does not constitute a permanent transfer and an application must be submitted for approval yearly.

**I certify that all of the information on this application form is correct to the best of my knowledge and belief. I understand the placement agreements as listed above, and I understand that an incomplete application, missing proof of residence and/or required documentation will result in denial of the OOZ request.**

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

***Submit with current copy of utility bill and all required supporting documentation to student's current/zoned school. Please allow two weeks for processing. Requests submitted in June or July will be processed by September 1.***

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**Principals' Decisions**

**Routing Instructions:**

1. Principal of current/zoned school will review OOZ and approve/deny request.  
*Note: Consult with OPEC if student is eligible under IDEA*
  2. If approved by current/zoned school Principal,
    - a. Forward OOZ to Principal of requested school.  
*Note: If requested school is the same as current/zoned school, send written notification to parent/guardian. Disregard additional steps (b. & c.).*
    - b. Principal of requested school will review and approve/deny request.  
*Note: Consult with OPEC if student is eligible under IDEA*
    - c. Requested school will send written notification to parent/guardian (If denied, also send to OSL).
- If denied by current/zoned school Principal,
- a. Principal will send written notification to parent/guardian and OSL.

**Current/Zoned School**

☐ Approved

☐ Denied

Reason(s) : \_\_\_\_\_

School: \_\_\_\_\_ Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Requested School**

☐ Approved

☐ Denied

Reason(s): \_\_\_\_\_

School: \_\_\_\_\_ Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Office of Student Leadership Only**

☐ Approved

☐ Denied

Notes: \_\_\_\_\_

Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_