



Zone Change Request Form



Secondary: beginning _____ term of _____ School Year

Please complete the following information and **return this form to the out-of-zone school** you are requesting.
Please type or PRINT CLEARLY using dark ink.

Student's Name _____ DOB _____

Grade Level for the next school year _____ Student's Zoned School _____

School Student Is Now Attending _____ School

Out-of-Zone School Requested _____

Reason for Request _____

Parent/Guardian's Name _____ *Continue on. back.*

Parent/Guardian's Address _____

_____ Zip Code _____

Home Phone _____ Work Phone _____

If this request is approved, I understand that, as parent/guardian, I will be responsible for providing transportation for my child and that the school district will not be responsible for providing crossing guards. I understand a zone change is approved for a minimum of one term at a time, but may be continued from year to year. I also understand that this request may be rejected for one or more of the following reasons: insufficient space, inappropriate behavior, or unsatisfactory academic progress. I am aware that a zone change may not be made for athletic purposes and that a student may not participate in a Virginia High School League sponsored event until he/she has sat out 365 consecutive calendar days following enrollment in that school. [Exception: students entering ninth grade within 15 days of school opening are eligible immediately.]

_____ Parent/Guardian's Signature _____ Date

Official Use Only

Student Number _____ (Required) Address Verified? Yes No

Principal's Decision Approved Denied

Reason for Denial _____

Principal's Signature _____ Date _____



NOTE: There is no appeal procedure.

