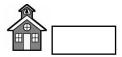
Portsmouth Public Schools



Zone Change Request Form

| | 1 | (A) | | |
|---|---|----------|---|---|
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| | | | - | |

| Secondary: beginning | term of | f School Yea | ìr |
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Please complete the following information and **return this form to the out-ot-zone school** you are requesting.

Please type or PRINT CLEARLY using dark ink.

| • | U |
|---|-----------------------------|
| 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. |
| | |
| | |
| Home Phone | |
| ing transportation for my child and that the crossing guards. I understand a zone charmay be continued from year to year. I also more of the following reasons: insufficient demic progress. I am aware that a zone of student may not participate in a Virginia Fout 365 consecutive calendar days follow ninth grade within 15 days of school operations. | |
| Parent/Guardian's Signatu | re Date |
| Offi | icial Use Only |
| Student Number | • |
| Principal"s Decision | Denied |
| Reason for Denial | |
| Principal's Signature | Date |
| NOTE:The | ere is no appeal procedure. |

| Zone Change Request Form (Page 2) | | | | | |
|---|---|--|--|--|--|
| Student's Name Date | | | | | |
| Reason for Request (Continued from front.) You may attach additional sheets, if necessary, or attach a letter in place of the back of this form. Be sure to sign your statement. | | | | | |
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| Be sure to sign your statement. | | | | | |