

Portsmouth Public Schools

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 Prior School Year _____ Student's Zoned School _____

School Student is now attending _____

Out-of-Zone School Requested _____

Reason for Request _____

Parent/Guardian's Name _____

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 completed one full year of attendance at the high school to which he/she transferred immediately preceding the semester for which the student desires to become eligible. (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: A copy of the *front page* of each *approved* Zone Change Request Form should be sent to Information Technology, located in the School Board offices. Parents whose requests are denied should be notified of the appeal procedure by the out-of-zone school.

