

**OUT OF ZONE/SPECIAL REQUEST APPLICATION**

Any request submitted after **June 28th** may not be reviewed until after school begins.

**Any approval is for the current school year only. If your circumstances change, you are required to notify the school. If approved, student attendance and discipline must remain in good standing or approval may be revoked. Additional documentation may be attached to this application.**

Request for School Year: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Previous Suffolk School attended and year:** \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ 2019-20 Grade Level: \_\_\_\_ Requested School: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ 2019-20 Grade Level: \_\_\_\_ Requested School: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ 2019-20 Grade Level: \_\_\_\_ Requested School: \_\_\_\_\_

**Zone Schools:** Elementary: \_\_\_\_\_ Middle: \_\_\_\_\_ High: \_\_\_\_\_

**Directions:** Please **only** complete section below that applies to your circumstances.

**SECTION A: if you are a Majority to Minority Applicant**

**SECTION B: if you are a current SPS employee**

**SECTION C: if you are using child care (elem. only)- Please submit Suffolk DMV I.D.'s and current utility bill (gas, water or electric) OR lease or mortgage statement for all addresses involved**

**SECTION D: if you do not have a regular nighttime residence-Please submit photo ID and supporting documents**

**SECTION E: for all other requests – Please submit Suffolk DMV I.D.'s and current utility bill (gas, water or electric) OR lease or mortgage statement for all addresses involved and any supporting documents**

**\*Section A: Majority to Minority** Race of Child:  American Indian or Alaska native

Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

**\*Section B: Suffolk Public Schools Employee**

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Employee Base School/Location: \_\_\_\_\_

**\*Section C: Child Care (This section must be notarized and sealed.)**

***If approved, student attendance and discipline must remain in good standing or approval may be revoked. The child care provider is required to notify Suffolk Public Schools when child care is no longer provided.***

Name of Child Care Provider: \_\_\_\_\_  In Zone  Out of Zone

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
Childcare Provider's Signature                      Date                      Parent/Guardian Signature                      Date

\_\_\_\_\_  
Notary Public                      Date                      Notary Public                      Date

My commission expires: \_\_\_\_\_ Date                      My commission expires: \_\_\_\_\_ Date

**SEAL:**

**SEAL:**



**OUT OF ZONE/SPECIAL REQUEST APPLICATION** 3 of 4  
*Any request submitted after June 1<sup>st</sup> may not be reviewed until after school begins.*

**\*Section E: Special Circumstances:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the statements herein are true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

My Commission Expires: \_\_\_\_\_  
Date

**SEAL:**

*Effective July 1, 2006, House Bill 1222 was enacted by the General Assembly of Virginia as stated below:*

Any person who knowingly makes a false statement concerning the residency of a child, as determined by §22.1-3, in particular school division or school attendance zone, for the purpose of (i) avoiding the tuition charges authorized by §22.1-5 or (ii) enrollment in a school outside the attendance zone in which the student resides, shall be guilty of a Class 4 Misdemeanor and shall be liable to the school division in which the child was enrolled as a result of such false statement for tuition charges, pursuant to §22.1-5, for the time the student was enrolled in such school division.

**For Office Use Only**

Date Received: \_\_\_\_\_

Ticket #: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PROOF OF RESIDENCY ENROLLMENT

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Virginia Code Section 22.1-3 and School Board Policy Section 9-7.1 provide that public schools in each school division shall be free to each person of school age who resides within the school division. School Board Policy Section 9-2.1 also require students attend school in the designated attendance area in which they have legal residence, unless special permission is granted by the School Board, Superintendent or Pupil Personnel Committee to attend school out of zone. Suffolk Public Schools require proof of residency in order to attend Suffolk Public Schools on a non-tuition basis.

**You may establish residency in the City of Suffolk by providing any of the following, please check what applies to you and provide supporting documentation:**

- A current utility bill** (i.e. water, electric, gas) in **YOUR** name showing the City of Suffolk address. Please provide copy of the utility bill.
- A current lease** in **YOUR** name showing the City of Suffolk address. Please provide copy of the lease.
- Purchasing a home in the City of Suffolk** Please provide copy of the signed contract and/or mortgage.
- Living with a family member or friend for 30 days or more** in the City of Suffolk and I consider this to be my fixed, regular, and adequate nighttime residence. Please provide a Virginia Driver's License or Division of Motor Vehicles Identification Card with the Suffolk address for **you and the homeowner**. Also provide a **current** utility bill (gas, water or electric) **OR** lease or mortgage statement in the homeowner's name with the Suffolk address. Virginia Code Section 46.2-324 requires that you notify the Department of Motor Vehicles of any change in address within 30 days of having moved from the address appearing on your Driver's License. Please provide a copy of the updated Virginia Driver's License or Division of Motor Vehicles Identification Card with the Suffolk address.

**I certify that the statements herein are true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

My commission expires: \_\_\_\_\_  
Date

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**Revised 4/19**