

OUT OF ZONE/SPECIAL REQUEST APPLICATION

Any request submitted after June 1st 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 date: _____

Student Name: _____ DOB: _____ Grade Level: _____ Requested School: _____

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Student Name: _____ DOB: _____ 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:

***Section D: Homelessness is defined as anyone, due to lack of housing, who lives:**

- In emergency transitional shelters
- In motels, hotels, campgrounds, abandoned in hospitals, awaiting foster care placement
- In cars, parks, public places, bus or train stations, abandoned buildings
- Doubled up with relatives or friends due to eviction, domestic violence, or another situation rendering homeless

Presently do you and/or your family lack a fixed, regular, and adequate nighttime residence because of any of the following situations:

- Temporarily staying in a shelter:
- Agency name: _____ (letter provided ____Y ____ N)
- Transitional housing: Agency Name: _____
- ** Temporarily staying with someone due to an eviction, domestic violence, or another situation rendering the family homeless. A utility bill (i.e. current water, electric, gas, lease) from the homeowner is required.
- Eviction – please attach copy of documentation
- Domestic violence
- Other (explain) _____
- Temporarily living in a car, park, campground, public space, abandoned building, or substandard housing
- Temporarily living in a motel or hotel due to loss of housing or similar reason
- Motel/hotel receipt or copy of registration card
- Identify the name of the motel/hotel: _____
- Other: _____

*****You are NOT eligible for out of zone school attendance under Section D, Homelessness, if you are living with relatives or friends and you have a fixed, regular, and adequate nighttime residence. STOP HERE***
You Must Complete the Proof of Residency Enrollment Form (page 4)

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: _____ **SEAL:**
Date

OUT OF ZONE/SPECIAL REQUEST APPLICATION 3 of 4
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***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

SEAL:

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Revised 4/18