



OUT OF ZONE/SPECIAL REQUEST APPLICATION

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Request for School Year: 2025-2026

Any approval is for the current school year only

Deadline to Submit - April 30, 2025

**If submitted after April 30, 2025 application may not be reviewed until after school begins in August.*

If your circumstances change, you are required to notify the school immediately.

Additional documentation may be attached to this application.

If approved, student attendance and discipline must remain in good standing or approval may be revoked. Should out of zone school attendance be revoked because of poor attendance or violations of the Code of Student conduct, the decision will be final and there will be no right of appeal.

Under VHSL rules, subsequent student-requested transfers (or returning to a regular school of assignment) will generally result in 365 days of ineligibility unless there is an actual corresponding change of residence of the parents/guardians. Parents/guardians are responsible for understanding all potential consequences of changing schools by special permission.

Parent/Guardian Name: _____

Street Address: _____ City: _____ State: _____

Zip: _____ Telephone Number: _____ E-mail address: _____

Suffolk School currently attending: _____

Student: _____ DOB: _____ 25-26 Grade Level: _____ Requested School: _____

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Current Home Zoned School: Elementary: _____ Middle: _____ High: _____

Directions: Please **only** complete the 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. students only)- Please submit a Suffolk DMV I.D. 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, 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: If you are using child care (elem. students only)- Please submit a Suffolk DMV I.D. and current utility bill (gas, water or electric) OR lease or mortgage statement for all addresses involved.

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***Child Care (This section must be notarized and sealed.)**

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:

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

- **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 5)***

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <i>Parent/Guardian Signature</i>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <i>Date</i>
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <i>Notary Public</i>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <i>Date</i>

My commission expires: _____ ***SEAL:*** _____
Date

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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 Student Services Review 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 your DMV Identification card and 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 a copy of the utility bill.

☐ **A current lease** in **YOUR** name showing the City of Suffolk address. Please provide a copy of the lease.

☐ **Purchasing a home in the City of Suffolk** Please provide a copy of the signed contract with the proposed closing date listed 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 current 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 02/25