Request for Waiver of Elementary Attendance Zone School Placement

Student Name: _____ **Date of Birth:** _____

Student Address: _____

Parent/Guardian: _____ **Parent/Guardian Phone:** _____
Present Grade Level: _____ **School Requested:**_____

Reason for Transfer:

- ◯ **Day Care/Babysitter Name and Signature of Day Care Provider:**
  _____
- ◯ **Medical Reasons (Please attach letter from Physician)**
- ◯ **Other (Please attach explanation)**

Return Application to:

Principal of School Requested

George Watkins Elementary School
6501 New Kent Highway, New Kent, VA 23141

Quinton Elementary School
8325 Quaker Road, Quinton, VA 23141

New Kent Elementary School
11705 New Kent Highway, New Kent, VA 23124

Parents are to provide transportation to and from school. The Director of Transportation may allow children who have received attendance waivers to ride the bus to and from a **pre-existing bus stop** if space is available. This will be determined on a case-by-case basis.

The student must arrive at school on time, have good attendance, maintain satisfactory academic progress, and abide by school rules and regulations. If the student fails to adhere to these requirements, out-of-zone special permission to attend may be withdrawn.

Principal's approval of waiver cannot be considered unless there is available space. In cases of unexpectedly larger school and/or class enrollment, principals may withdraw out-of-zone permission prior to the opening of school. Parents will receive written notice five (5) days before withdrawal.

NOTE: OUT-OF-ZONE PERMISSION IS VALID FOR ONE YEAR ONLY

Parent/Guardian Signature: _____ **Date:** _____

School Official Signature: _____ **Date Revd.:** _____

Office Use Only

Request Approved☐ **Request Denied**☐ **Parent/Guardian Notified on**___/___/____

Zoned School_____ **Reassigned School**_____

Signature of Principal (Reassigned School) _____

Signature of Principal (Zoned School) _____