AAA-1420
(02/02)

CHESTERFIELD COUNTY PUBLIC SCHOOLS
STUDENT PLACEMENT WAIVER

FOR SCHOOL YEAR:_____-_____ HOME SCHOOL: _____ REQUESTED SCHOOL:_____

Placement waivers are valid for one academic year only and must be renewed annually. Parent/guardian(s) are responsible for transportation of students who attend school out of the home school district. (NOTE: Continued placement waivers can be affected by attendance and discipline). **Please return this completed form to the home school so that it can be considered**. The school should be notified in writing within seven (7) days of any changes in this information.

THIS SECTION TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN AND *RETURNED TO THE HOME SCHOOL.*

Student's Name _____ Grade for waiver year____ Birth Date_____
First Middle Last

Student's Present Address _____
Number Street City State Zip Apt. No.

Mother/Legal Guardian _____

Home Address (if different) _____ Home Phone (if different) _____

Employer _____ Work Phone _____ Work days and hours _____

Father/Legal Guardian_____

Home Address (if different) _____ Home Phone (if different)_____

Employer _____ Work Phone _____ Work days and hours _____

Reason for this request:

_____

_____

_____

_____

(Attach additional information if necessary)

Signature of Parent/Guardian:

_____

Date: _____

NOTE: In accordance with Virginia High School League (VHSL) policy, students who transfer via this waiver are automatically INELIGIBLE for VHSL activities for one full calendar year. Exceptions to this policy can only be granted by the Superintendent of Schools through the Office of Secondary Education.

THIS SECTION TO BE COMPLETED BY THE PRINCIPAL OF THE HOME SCHOOL

I have reviewed the waiver request. Reason for the request appears to be consistent with Chesterfield County Public School guidelines. The waiver request is:

☐ APPROVED
☐ DENIED

Signed: _____ Date: _____
Principal

THIS SECTION TO BE COMPLETED BY THE PRINCIPAL OF THE REQUESTED SCHOOL

Principal's comments and decision:

☐ APPROVED
☐ DENIED
☐ FORWARD TO CENTRAL OFFICE
☐ CLASSROOM SPACE NOT AVAILABLE
☐ CLASSROOM SPACE AVAILABLE

Signed: _____ Date: _____
Principal

CENTRAL OFFICE USE ONLY

☐ APPROVED
☐ DENIED

Signed: _____
Executive Director of Elementary or Secondary Education

Date:_____

Distribution:
Original – Home School
Yellow – Receiving School
Pink – Parent
Please leave all copies attached until processed