



# LOUDOUN COUNTY PUBLIC SCHOOLS

S - 3

## SPECIAL PERMISSION REQUEST FORM **FAMILY RELOCATION FORM**

PLEASE FILL OUT THE FORM BELOW AND RETURN TO:

Department of Pupil Services  
21000 Education Court  
Ashburn, VA 20148  
FAX: (571) 252-1242  
[SpecialPermission@lcps.org](mailto:SpecialPermission@lcps.org)

Special permission can only be granted through the office of the Assistant Superintendent of Pupil Services. **Until you have received written notification from this office, your request has not been approved.**

PRINT OR TYPE INFORMATION (One form per student)

Student Name and ID	School Year	Grade Level	Birth Date	Requested School	Home School
_____	20__ - 20__	_____	___/___/___	_____	_____

**\*\*In order to process this request, you must provide one of the following: a copy of a signed lease, deed, signed and notarized shared housing document or signed settlement papers. Documentation must be submitted to the Department of Pupil Services.**

Parent Name: \_\_\_\_\_  
 New Address: \_\_\_\_\_  
 \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_  
 Work Phone #: \_\_\_\_\_  
 Cell Phone#: \_\_\_\_\_

**Email address:** \_\_\_\_\_

Previous Address: \_\_\_\_\_  
 \_\_\_\_\_ Zip: \_\_\_\_\_

Parents/guardians accept the following requirements:

1. Families who relocated prior to the start of the school year are not eligible to use this provision and must transition their child(ren) to the new school(s).
2. If approved, special permission is granted for the current school year only for students in grades K-12.
3. Parents/students must provide transportation to and from school. LCPS busses are not available to students attending a school through special permission.
4. It is a misdemeanor to make false statements to a school division regarding residency (Code of Virginia §22.1-264.1).

I certify that the information provided above is correct and I will notify school authorities if the information changes or no longer applies. **Questions may be addressed to Dawn Mahoney or Gabrielle Carpenter at (571) 252-1021.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Email this form and supporting documents to [SpecialPermission@lcps.org](mailto:SpecialPermission@lcps.org)

**\*Special permission requests are not complete until supporting documentation has been received. It is the parent's responsibility to submit the required documentation. Incomplete requests will not be processed.**