

Application for Change in School Assignment

Form to be used by resident students requesting assignment to a District school outside their attendance area/zone.

Student's Name _____

Last
First
Middle Initial

 Home Address _____ Phone # _____
 Present School _____ Present Grade _____
 Requested School _____ For School Year _____ Grade _____
 Date of Request: _____
 State the reason for requesting this change in assignment: If request is based on hardship, give full details of the hardship. _____

NOTICE

I UNDERSTAND THAT, IF APPROVED, MY CHILD MAY RIDE THE SCHOOL BUS TO OR FROM THE SCHOOL S/HE ATTENDS OUTSIDE THE SCHOOL DISTRICT IN WHICH I LIVE ONLY IF THE PICK-UP/DROP-OFF POINT IS ON THE REGULAR BUS ROUTE. OTHERWISE, I MUST PROVIDE ALL TRANSPORTATION. I ALSO UNDERSTAND THAT THIS CHANGE IN ASSIGNMENT WILL BE GRANTED ONLY FOR ONE (1) SCHOOL YEAR AND THAT MY CHILD CAN BE RETURNED TO HIS/HER ORIGINAL SCHOOL IF ATTENDANCE OR DISCIPLINE PROBLEMS ARE EXCESSIVE OR IF OVERCROWDING (THE EXCEEDING OF CAP SIZE REGULATIONS) OCCURS AT THE RECEIVING SCHOOL. FURTHER, I UNDERSTAND THAT ONCE MY CHILD IS ALLOWED TO ATATEND A SCHOOL OUTSIDE HIS/HER DISTRICT OF RESIDENCE, S/HE MAY NOT REUTRN TO THE ORIGINAL SCHOOL DURING THE CURRENT SCHOOL YEAR UNLESS AN EXTREME HARDSHIP EXISTS. THE SCHOOL DISTRICT WILL MAKE A DETERMINATION ON ACTIONS RELATED TO ANY HARDSHIP REQUEST.

Parent/Guardian's Signature

Date

At the school level, this application has been approved disapproved, reason _____

Principal's Signature

Date

To be completed by Central Office Personnel

Application Approved Disapproved Date _____
 Parent contacted Yes No Date _____
 Present School Contacted Yes No Date _____
 Requested School Contacted Yes No Date _____
 Professional recommendation, if required _____

Superintendent/designee's Signature

Date

Review/Revised: 1/28/2003