

**Yadkin County Schools**  
Creative Thinkers Today, Innovative Leaders Tomorrow

**Policy 4150 Yadkin County Schools**  
**Request for Student Reassignment**

One copy of this form must be completed for each student and submitted to the Office of the Superintendent, Yadkin County Schools, 121 Washington Street, Yadkinville, NC 27055 by June 1. This form must be completed in accordance with timelines specified in Policy 4150. In applying for a student transfer, please read all requirements outlined in Policy 4150.

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**I. GENERAL INFORMATION – *Application for student reassignment must be made each school year.***

Student: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Parents/Guardian: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Identify School District Residence Location: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_

Names of siblings attending Yadkin County Schools \_\_\_\_\_

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**II. TYPE OF REASSIGNMENT REQUESTED.** Please complete all information on your chosen type of reassignment.

\_\_\_\_\_ In-County Reassignment.

**Note: Principals' signatures of approval are required.**

From: \_\_\_\_\_  
To: \_\_\_\_\_ School Principal's Signature \_\_\_\_\_

**Has student previously been reassigned outside their attendance area? Yes or No**

**If yes, From: \_\_\_\_\_ School To: \_\_\_\_\_ School**

\_\_\_\_\_ Admission to Yadkin County Schools

From: \_\_\_\_\_  
To: \_\_\_\_\_ School Principal's Signature \_\_\_\_\_

(Please attach copy of release from system where student is legally domiciled.)

**Tuition fee must be paid at time of application.**

Is student currently under suspension from another school? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has student ever been convicted of a felony in any state? \_\_\_\_\_ Yes \_\_\_\_\_ No

**NOTE:** Denial by the Board of a request for admission on a non-domiciliary student to Yadkin County Schools may not be appealed to the Board.

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**III. REASON(S) FOR REQUEST:** Please check all applicable reasons.

\_\_\_\_\_ Medical hardship, including physical or mental disabilities. (Complete IV)

\_\_\_\_\_ Parents or legal guardians are full time/permanent employees of the Yadkin County Board of Education.

\_\_\_\_\_ Documented proof of hardship circumstances resulting in the need for the student to attend another school. (Complete V)

\_\_\_\_\_ Child care for a student not yet entering 9th grade if the working hours of the parents are such that if the pupil is not reassigned, the pupil would be unsupervised either before or after school hours. (Complete VI)

Please explain reason(s) for this request on the form below, complete Part V or Part VI on the next page if required, and attach supporting documentation. **Note:** Previously reassigned requests are not a valid reason for student reassignment to be approved.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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IV. VERIFICATION OF SPECIAL NEEDS/STUDENT HARDSHIP

A release/reassignment is requested for this student based on special curriculum or medical needs or other hardship. Please identify the special needs of this student and indicate why a new assignment is warranted.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Physician/Professional Specialty Area \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

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V. VERIFICATION OF EMPLOYMENT/CHILD CARE

Name and Address of Father's Employer \_\_\_\_\_ Telephone \_\_\_\_\_ Employer's Signature \_\_\_\_\_

Name and Address of Mother's Employer \_\_\_\_\_ Telephone \_\_\_\_\_ Employer's Signature \_\_\_\_\_

Name and Address of Child Care Provider \_\_\_\_\_ Telephone \_\_\_\_\_ Date Service Began \_\_\_\_\_

Days and Hours of Care Signature & Title (Relationship if any) of Provider \_\_\_\_\_

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**THIS FORM MUST BE NOTARIZED**

My signature below certifies that I have completely and accurately supplied the requested information. In submitting this application, I acknowledge and accept the terms and conditions of Yadkin County School Board Policy 4150 governing the reassignment of students. I understand that falsification of this application by be grounds for revocation of the reassignment.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

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**DECISION OF THE YADKIN COUNTY BOARD OF EDUCATION**

Date of Decision \_\_\_\_\_

This request is \_\_\_\_\_ Approved \_\_\_\_\_ Denied

Superintendent \_\_\_\_\_