



In-County Request for Student Transfer for 2019-20

A student may not attend a school outside his/her attendance area without the approval of the Board of Education. One copy of this form must be completed in its entirety for each student and submitted before the deadline.

1. General Information

Student Name: _____ Current Grade: _____

Parent/Guardian: _____ Telephone: (____) _____

Address: _____ City: _____ State _____ Zip: _____

Mailing Address if different: _____

Email Address: _____

2. In-County Transfer Requested

School Requested: _____

Current School: _____ School Zoned for My Address: _____

If approved, I understand that I will be responsible for transportation to and from the new school. YES NO

3. Reason for Request (please check all applicable reasons)

- | | |
|---|---|
| <input type="checkbox"/> Student/Family Hardship (Complete section 4) | <input type="checkbox"/> Medical Needs (Complete section 4 & attach Medical Packet) |
| <input type="checkbox"/> Curriculum/Academic Needs (Complete section 4) | <input type="checkbox"/> Child of RSS Employee @ _____ School/Site |
| <input type="checkbox"/> Childcare (Complete Verification Form) | <input type="checkbox"/> Work Proximity-Employed by _____ |
| <input type="checkbox"/> Anticipated Relocation (Attach Contract) | <input type="checkbox"/> Other (Complete section 4) |

Please note: High school student athletes who are approved for discretionary reassignment forfeit for one year all athletic eligibility in any sport. Eligibility is restored 365 days from the date of the Board of Education's approval. Please refer to the NC High School Athletic Association for details about this statewide athletic rule. **If applicable, please initial:** _____

4. Reason for Request (Please explain in detail)

Attach other documentation, if necessary.

ACCEPTABLE REASONS FOR REASSIGNMENT:

1. **Current RSSS Employee:** Parent/guardian is a current permanent employee with Rowan County Schools. Discretionary Admission is only acceptable within district in which the parent/guardian works. Employment will be verified by Enrollment Specialist. (Tuition is waived)
2. **Childcare:** The student's before or after school child care providers are in closer proximity to the receiving school. Child care issues that result in an approved reassignment for an elementary student should be resolved prior to enrollment at the middle or high school level. **Application will not be processed without Childcare Verification completed and attached.**
3. **Medical:** Must include medical request packet.
4. **Academic:** Indicate course(s) with reason.
5. **Special Services:** In the case of students with disabilities, when the school in which the student is domiciled is not easily accessible or to access specialized services and programming.
6. **Anticipated Relocation/Move:** Lease agreement or building contract is required.
7. **Work Proximity:** Parent/guardian's place of employment is in closer proximity to the receiving school. Verification may be required.

REQUIREMENTS AFTER TRANSFER APPROVAL:

Students whose applications for transfer are approved must adhere to the following stipulations:

- A. Provide transportation to and from school
 - B. Comply with the district's attendance policy
 - C. Maintain acceptable behavior
 - D. Maintain the academic average for promotion to the next grade level
 - E. Maintain acceptable attendance
- F. Continued enrollment in requested courses or academy, if applicable. If a student fails to enroll and continue in a requested course, the principal will recommend that the transfer be revoked.

A PRINCIPAL CAN RECOMMEND TO THE ENROLLMENT SPECIALIST THAT A TRANSFER BE REVOKED IF ANY OF THE STIPULATIONS ARE NOT MET, THE TRANSFER WAS REQUESTED FOR ATHLETIC OR SOCIAL REASONS, OR THE TRANSFER WAS GRANTED UPON FALSE OR MISLEADING INFORMATION.

APPEAL PROCESS FOR DENIALS:

Any parent may appeal a transfer denial decision by completing an appeal request and returning to the reassignment coordinator. The appeal request must be mailed or emailed to the following addresses within five (5) working days of receipt of the transfer denial letter: Rowan-Salisbury Schools, Enrollment Specialist, P.O. Box 2349, Salisbury, NC 28145.

My signature verifies that I have read and accepted the policy guidelines governing this request. I certify that all information provided is true. Falsification of information will result in an immediate denial or revocation of the student's discretionary reassignment/release. I understand that Policy 4150 is available on the district website, at all Rowan-Salisbury Schools and the Central office. I have also read and understand the restrictions when approved for reassignment – including high school student forfeiture of one year (365-days) of all athletic eligibility.

Parent/Guardian Signature

Date

For Administrative Use Only: _____ Approved _____ Denied Effective through: _____

Denial Reason: _____

Subject to Athletic Wait: _____ Yes _____ No Previous Transfer: _____ Yes _____ No

Enrollment Specialist Signature

Date

PUBLIC NOTICE

In compliance with Federal law, the Rowan-Salisbury School System administers all educational programs, employment activities, and admissions without discrimination because of race, religion, national or ethnic origin, color, age, military service, disability, or gender, except where exemption is appropriate and allowed by law.