



## Release/Acceptance "Out of County" Application for School Year 2020-21

ONE FORM REQUIRED FOR EACH STUDENT

Option(s)/Reason(s)	For Administrative Use Only
<input type="checkbox"/> Childcare Proximity <input type="checkbox"/> Medical-include packet <input type="checkbox"/> Employed by RSS <input type="checkbox"/> Employed by another school system <input type="checkbox"/> Academic <input type="checkbox"/> Work Proximity <input type="checkbox"/> Special Services <input type="checkbox"/> Anticipated change of domicile <input type="checkbox"/> Other  	<input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Denied</b> Effective through: _____  If denied – reason: _____  Stated reason for request: _____  Subject to Athletic Wait: <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>  _____ <div style="display: flex; justify-content: space-between;"> <span>Enrollment Specialist Signature</span> <span>Date</span> </div>

### STEP 2 – STUDENT INFORMATION – PLEASE PRINT LEGIBLY

Student's First and Last Name	Grade For 20/21	Released from School/County	Acceptance to School/County:

**Student Athlete?**  No  Yes *After initial entry to high school, **student athletes** who are approved for Discretionary Assignment/Release 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 North Carolina High School Athletic Association for details about this statewide athletic rule. **Initials:** \_\_\_\_\_*

I understand that I will be responsible for transportation to and from the new school, if approved?  No  Yes

### STEP 3 – PARENT/GUARDIAN INFORMATION

Parent/Guardian: \_\_\_\_\_ Preferred Phone #: \_\_\_\_\_ Alt Phone#: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address (required): \_\_\_\_\_

Father (or Legal Guardian's) Employer: \_\_\_\_\_ Employer Phone Number: \_\_\_\_\_

Mother (or Legal Guardian's) Employer: \_\_\_\_\_ Employer Phone Number: \_\_\_\_\_

### STEP 4 – PROVIDE EXPLANATION OF REQUEST BELOW (REQUIRED). YOU MAY ATTACH ADDITIONAL SHEETS AND DOCUMENTATION.

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***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 forfeiture of one year (365-days) of all athletic eligibility.*

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

Return completed application to: Enrollment Specialist, Rowan-Salisbury Schools, PO Box 2349, Salisbury, NC 28145-2349 or [amanda.howard@rss.k12.nc.us](mailto:amanda.howard@rss.k12.nc.us)

**APPEAL PROCESS FOR DENIALS:**

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

**ACCEPTABLE REASON CODES FOR TRANSFER/RELEASE:**

**A) Release from a Rowan County School for Admission to Another Rowan County School:**

**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 Student Assignment office. (Tuition is waived)

**Childcare Proximity:** The student's before or after school child care providers are in closer proximity to the receiving school.

**Verification of child care provider is required with application and will be verified.** 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.

**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/or programming.

**Anticipated Relocation/Move:** Lease agreement or building contract is required.

**Work Proximity:** Parent/guardian's place of employment is in closer proximity to the receiving school. Verification may be required.

**B) Release from Rowan County Schools to Another County:**

Childcare Proximity (see above)

Completion of School Year (see above)

Employed by Another School System: Parent/guardian is currently employed by another school system.

Work Proximity (see above)

Other (see above)

**C) Admission into Rowan County Schools from Another County (TUITION IS REQUIRED). Contract below must be completed with signature:**

Current RSSS Employee (see above)

Childcare Proximity (see above)

Completion of School Year (see above)

Sibling Placement (see above)

Work Proximity (see above)

Other (see above)

Please direct questions to: Amanda Howard, Enrollment Specialist at [amanda.howard@rss.k12.nc.us](mailto:amanda.howard@rss.k12.nc.us).

***Disclosure: The Rowan-Salisbury School System Board of Education is authorized to approve or deny requests for student release or acceptance applications.***

TUITION ONLY REQUIRED FOR STUDENTS ATTENDING ROWAN-SALISBURY SCHOOLS WHO LIVE **OUTSIDE** ROWAN COUNTY

**\*\*\*TUITION PAYMENT CONTRACT with Rowan County Schools\*\*\***

**Tuition amount is determined by the amount the county commissioners give the schools per pupil. This amount is local and not state funded.**

Tuition Contract must be presented in person to RSS or by email to: Student Enrollment Specialist

Tuition in the amount of \$ \_\_\_\_\_ for the 2020-21 school year is owed.

**Payment Method**

Lump Sum – 1 payment due by the 1<sup>st</sup> day of school.

Bi-annual – 2 equal payments in the amount of \$ \_\_\_\_\_ due on first day of school and January 1, 2021.

I have read and accepted the policy guidelines governing this discretionary admission/release application. I understand that Policy 4150 is available on the district website, at all Rowan-Salisbury Schools, and at the Central Office. I understand that tuition is due to Rowan-Salisbury Schools because my primary residence is not in Rowan County. Tuition will be paid as stated above.

PRINT Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

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.