

For Office Use Only Date _____ Time _____
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STUDENTS

09.11 AP.22

**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*

Home Address \_\_\_\_\_ Phone # \_\_\_\_\_  
*Street*
*City*
*State*
*Zip Code*

Home School \_\_\_\_\_ Present Grade \_\_\_\_\_

Requested School \_\_\_\_\_ For School Year \_\_\_\_\_ Grade \_\_\_\_\_

State the reason for requesting this change in assignment: If request is based on hardship, give full details of the hardship. \_\_\_\_\_

**NOTICE**

1. Transfers involving athletics will be in accordance with Kentucky High School Athletic Association (KHSAA) By-Laws.
2. Requests for changes in assignment for middle and high school students are considered incomplete until class scheduling information has been submitted to the prospective school.

**I UNDERSTAND THAT, IF APPROVED, THIS CHANGE IN ASSIGNMENT WILL BE GRANTED FOR ONLY ONE (1) SCHOOL YEAR AND THAT ANY SPECIAL TRANSPORTATION NEEDED IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN.**

\_\_\_\_\_  
*Parent/Guardian's Signature* *Date*

At the school level, this application has been  approved  disapproved

Check those areas that apply, and please explain:

- Disciplinary Issues     Attendance Issues     Academic Progress     Available Space

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

\_\_\_\_\_  
*Principal's Signature* *Date*

**To be completed by Superintendent**

Application  Approved  Disapproved Date \_\_\_\_\_

Parent contacted  Yes  No Date \_\_\_\_\_

Home School Contacted  Yes  No Date \_\_\_\_\_

Requested School Contacted  Yes  No Date \_\_\_\_\_

Professional recommendation, if required \_\_\_\_\_

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

*Superintendent's Signature*

*Date*

Review/Revised:08/25/03