

**Application for Change in School Assignment**

Student Name \_\_\_\_\_ Current Grade \_\_\_\_\_ Date \_\_\_\_\_

School of Requested Enrollment \_\_\_\_\_ School of Residence \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_ Work Phone# \_\_\_\_\_

Email(1) \_\_\_\_\_ Email(2) \_\_\_\_\_

Please select one of the reasons listed below as your reason for making a change in school assignment request.

- I am an employee of the district. Location \_\_\_\_\_ Position \_\_\_\_\_
- I am moving and want my child to remain in Campbell County Schools.
- Reason other than listed above (explain): *attach pages if necessary*

The following student information will be reviewed with your application. These items are on file with the student’s current school.

- Copy of latest academic performance;
- Copy of latest state testing, norm-reference assessment, and/or standardized assessment scores;
- Copy of attendance report;
- Copy of behavior report.

A change of school assignment student is subject to ALL of the following conditions:

1. Capacity is available at the school;
2. Academic performance – at or above grade level in core classes;
3. Behavior – the student must not have been suspended, expelled, or in the midst of such disciplinary action. Student has demonstrated the ability to abide to the Student Discipline Code;
4. Attendance – regular school attendance and not exceeding three (3) unexcused absences during the school year.

- Conditions are review annually.
- Students that do not meet the criteria will have to enroll in their resident school.
- Parents/ Guardians are responsible for all transportation to/from school. Students must be dropped off and picked up in a timely manner;
- Parents/ Guardians and students will abide by all rules contained within the Campbell County Discipline Code.

Please return this completed form to:

Campbell County Board of Education  
Attn: Assistant Superintendent of Operations  
101 Orchard Lane  
Alexandria, KY 41001

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I understand the expectations set forth in policy by the Campbell County Board of Education for all students. I agree to abide by terms and conditions of this application, and we understand that false information may be grounds for denying this application or changing future status.

Signature below verifies that each of the undersigned has read and fully understands the foregoing. In witness whereof, each of the participants sets forth his or her hand at the time and on the date below written.

\_\_\_\_\_  
Student Signature \_\_\_\_\_  
Date

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

**THIS PORTION TO BE COMPLETED  
BY CAMPBELL COUNTY SCHOOL DISTRICT STAFF ONLY**

Application is **APPROVED**

\_\_\_\_\_  
Signature Showing Approval \_\_\_\_\_  
Date (Notification sent to parent/guardian) Date of Review

Special Notes/ Instructions:

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

Application is **DENIED**

\_\_\_\_\_  
Signature Showing Denial \_\_\_\_\_  
Date (Notification sent to parent/guardian) Date of Review

Reason(s) for Denial:

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