

## Student Reassignment Application SY2022-23

- Approved  
 Denied

Applications for School Choice/Open School must be submitted to the Office of School Operations between February 1, 2022 and March 1, 2022 to be considered for SY2022-23. Choices of schools must be open relative to enrollment capacity/overcrowding. Please review the Administrative Guidelines and School Status Chart prior to completing the application. All other reassignments will be reviewed as they are received.

### Demographic Information:

Student Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_  
School of Residence: \_\_\_\_\_ SY2022-23 Grade Level: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone/Contacts: (1) \_\_\_\_\_ (2) \_\_\_\_\_

SCHOOL REQUESTED: \_\_\_\_\_

SPECIAL SERVICES:  504  ESOL  Gifted  IEP

### Type of Reassignment: Parents must choose one (only) from options below

1. SCHOOL CHOICE/OPEN SCHOOL REASSIGNMENT (INTRA-DISTRICT) FOR SPECIAL NEEDS STUDENTS (SB10, 2006)
- Declaration of Student 's Exceptionality: \_\_\_\_\_
  - Declaration of Student 's Service Model: \_\_\_\_\_ (if known)
2. SCHOOL CHOICE/OPEN SCHOOL REASSIGNMENT (INTRA-DISTRICT) FOR NON-SPECIAL NEEDS STUDENTS (HB251, 2009)
3. REASSIGNMENT FOR CURRICULAR PROGRAMS
- Declaration of Requested Program: \_\_\_\_\_
4. HARDSHIP REASSIGNMENT: Declaration of Hardship Reassignment Request
- Student has physician-documented medical or psychological reasons for changing school locations (Note: The CCSD Medical/Psychological Form must be completed by a licensed physician.)
  - Student is in the highest grade level in their school when a move has taken place
  - Student/parent is currently involved with DFCS removal and/or other state/county action impacting enrollment, and the student is currently in residence outside desired school's boundary
  - Elementary Schools Only:** Parent's workplace or the daycare for a child is in close proximity to the requested school
- Work/Daycare: Name: \_\_\_\_\_

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

**Cherokee County School District Employees Only:** (Note: work location must be within the innovation zone of school being requested).

- Parent is a full-time employee of the school being requested.  
 Parent is a full-time employee of CCSD.

School/Work Location: \_\_\_\_\_

Parent/Guardian Signature:

I verify that I have read and reviewed the CCSD Student Reassignment Administrative Guidelines specific to the issues of (a) eligibility, (b) transportation, (c) length of provisions, (d) athletic eligibility, (e) due dates for submission and (f) the School Status Chart showing the "Requested" school as open relative to enrollment.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*END OF PARENT SECTION\*\*\*\*\*

"RESIDENT" School Review:

CCSD School of Residence: \_\_\_\_\_

- Date Received: \_\_\_\_\_
- Student in Special Education: Y\_\_\_ N\_\_\_
- Comments: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

"REQUESTED" School Review:

CCSD Requested School: \_\_\_\_\_

- Date Received: \_\_\_\_\_
- Comments: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SPECIAL EDUCATION Review (if applicable):

- Reassignment meets current guidelines concerning placement of students receiving Special Education services.
- Reassignment does not meet current guidelines concerning placement of students receiving Special Education services.
- Comments: \_\_\_\_\_

Director/Designee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DISTRICT DESIGNEE Review:

Designee/Reviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_