

Request for Student Reassignment

Office of Student Assignment
919-496-2600 phone 919-496-2104 fax

53 West River Road
Louisburg, North Carolina 27549



INSTRUCTIONS This form must be completed in black or blue ink.

A request must be made to the Office of Student Assignment **each year** that a change in assignment from your districted school is desired. Presenting a false record or falsifying records is a state and federal offense. Enrollment of a child under false documents subjects the person to liability for tuition or other costs. In a case where incorrect information is provided, the Board of Education reserves the right to immediately transfer the student to the appropriate school. For more information on requests and revocation criteria, go to www.fcschools.net, Parent, Enrollment and Reassignment, Student Reassignment Information Sheet.

SECTION 1: Request by Parent/Guardian (One student per form)

School Year Requested _____ Student's Grade Level for School Year Requested _____

Student's Name _____

Does this student receive the following: Special Education Services? Yes No 504 Services? Yes No

Parent/Legal Guardian _____ Phone Number _____

Home Address – ***Physical Address of Parent/Legal Guardian** E-Mail Address _____

*Does the student reside at this address? Yes No Mailing Address (If different from physical address) _____

Street _____ P. O. Box/Other _____

City, Zip _____ City, Zip _____

It is hereby requested that this student be reassigned First Request Renewal Request

FROM _____ **School,** _____ **County**
(districted school) (county, if other than Franklin)

TO _____ **School,** _____ **County.**
(requested school) (county, if other than Franklin)

SECTION 2: Reason for Request Deadline for request submission is March 31 for the upcoming school

School System Employee: Place of employment _____ Separation of employment will make this agreement null and void.

Grandfathered Majority-to-Minority – Did this student receive a Majority-to-Minority transfer in 2018-19? Yes No

Grade 12 Senior Status – Has the student been enrolled in the requested school since Grade 9? Yes No

Hardship/Medical – **Additional documentation is required:**

A. Letter from parent/guardian explaining reason(s) for the request

B. Supporting documentation pertinent to the reason(s) for the request

A meeting with the Franklin County Board of Education may be required.

PARENT/LEGAL GUARDIAN ACKNOWLEDGEMENT: By signing this form, I acknowledge that a reassignment, if granted, carries certain obligations. Students are expected to remain in good standing at the school in order to keep the reassignment in effect. Excessive tardies, early check outs, absences, and violations to the Student Code of Conduct may be taken into consideration for reassignment revocation.

Signature of Parent/Legal Guardian Date

TO BE COMPLETED BY BOARD OF EDUCATION/DESIGNEE – Only For Grandfathered M-to-M or Employee-Status Transfer

Request Approved for _____ **School Year ONLY.**

Parent/Guardian Provides Transportation FCS Transportation Provided

Student Assignment Coordinator _____

Date _____

PARENT/GUARDIAN: If this is a new request and your child is not currently enrolled in the approved school, please make an appointment at school to complete the enrollment process.

APPROVALS: All approvals are contingent upon space being available in the school and program in which the student wishes to enroll. Parent/Guardian is responsible for providing transportation unless otherwise noted. Approval is granted for only one school year at a time.

RELEASE TO ANOTHER COUNTY: This release is with the understanding that there is no financial obligation incurred by the Franklin County Board of Education and contingent upon the acceptance by the _____ School System.