

Student Reassignment Application SY2024-25

- Approved
 Denied

Applications for School Choice/Open School must be submitted to the Office of School Operations between February 1, 2024 and March 1, 2024 to be considered for SY2024-25. Choice 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: _____ SY2024-25 Grade Level: _____

Permanent Address: _____ City: _____ Zip: _____

Phone/Contacts: (1) _____ (2) _____

Email Address: _____

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: School Choice/Open School applications must be submitted between January 1, 2024 and February 1, 2024. (Hardship Reassignment 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: _____

NOTE: For new enrollees, do not enroll prior to receiving reassignment notice. If a student who is on a reassignment withdraws from school, the reassignment is no longer valid. If the student wants to re-enroll to the reassigned school, the student must re-apply for a reassignment.

*****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: _____