



REQUEST FOR STUDENT REASSIGNMENT

Student Full (Legal) Name: _____
(Last) (First) (Middle)

Date of Birth: _____ Grade: _____
(MM/DD/YYYY) (2024-2025 School Year)

I request the Bladen County Board of Education to act upon the request designated below for the **2024-2025** school year. (Choose only one of the following options)

_____ **ACCEPT** child at _____ School

from _____
(out of county school)

_____ **RELEASE** child to _____ School
(out of county school)

from _____ School in Bladen County.

_____ **TRANSFER** child to _____ School
(Bladen County School)

from _____ School.
(Bladen County School)

Does this student have special needs/services/accommodations? Yes No If yes, indicate the nature of the student's needs.

Reason for above request:

Parent/Guardian Name: _____

911 Address: _____
House/Apt Number Street City/Town Zip Code

Mailing Address: _____
House/Apt Number Street City/Town Zip Code

Date: _____ Tel. No: _____
(MM/DD/YYYY)

NOTE: This action is ONLY for the 2024-2025 school year. A new request must be submitted each year a student wishes to attend a school outside their designated attendance area. These regulations are keeping with the policies of the Bladen County Board of Education and are necessary because of teacher allotments and class size limitations. Transportation is NOT provided out of district.

RETURN TO: Ms. Ann Brown, Deputy Superintendent
Bladen County Schools
PO Box 37
Elizabethtown, NC 28337
Fax: 855-860-6170

OFFICIAL USE ONLY

Approved: _____

Not Approved: _____

Date: _____