



# WATAUGA COUNTY BOARD OF EDUCATION

Margaret E. Gragg Education Center  
175 Pioneer Trail Boone, NC 28607  
(828) 264-7190

## Request for In-County Reassignment For School Year 2024-25

### Required Attachments and Notes:

- A separate application must be completed for **each** child requesting reassignment.
- Proof of in-county domicile based on a 911 address must be provided; **two documented proofs are required:**
  - o i.e., copy of utility bill, lease agreement, driver's license, etc.
- The **reason for the request must be written clearly** on this application; attachments are acceptable.

### Process:

- The application, along with required attachments/documentation, should be **sent to the current/domiciled school's principal first**. The domiciled principal will review and determine their recommendation. Next, that principal will send the paperwork to the requested school's principal for review and recommendation. Then, the paperwork will be sent to the central office for review, recommendations, and presentation to the WCS Board of Education.
- After the Board of Education reviews the request, parents will be mailed a letter of decision, to which the family will have the opportunity to accept or appeal.

### Standards & Important Information:

- Students shall be in **good academic standing** having passed or currently passing all course work, have **passed all state mandated tests**, have a **clean disciplinary record**, have **no more than 10 excused/unexcused absences**, and have **no more than 10 excused/unexcused tardies**.
  - o These standards must also be kept once the transfer is complete; otherwise, the approval could be revoked.
- Requests for reassignment for the following school year **must be submitted between April 1<sup>st</sup> and May 15<sup>th</sup>** in preparation for the April, May, and June Board of Education meetings.
- If approved for reassignment, the **parent/guardian is responsible for transportation** of the student to and from school.

Student Info: \_\_\_\_\_  
(Last) (First) (Middle) (Age) (DOB)

Parent/Legal Guardian: \_\_\_\_\_ / \_\_\_\_\_  
(Last) (First) (Email Address)

911 Address of Domicile: \_\_\_\_\_  
(Road or Street Name and Number – No Post Office Box) (County of Domicile) (State) (Zip Code)

Mailing Address: \_\_\_\_\_  
(Address) (City) (State) (Zip Code)

Daytime or Cell/Mobile Phone #: \_\_\_\_\_ Additional Phone: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Current/Domiciled School Attending or Last Attended: \_\_\_\_\_  
(School Name) (School System)

\*\*Any previous requests for transfer/reassignment? \_\_\_\_\_

Is the student receiving Exceptional Children Services at their current school? (Please Circle) YES NO

\*\*If yes, submit a copy of the student's IEP with this application.

Are there siblings who you are also seeking reassignment for? If so, provide that information here; a separate application is required for each.

_____ (Name)	_____ (Grade)	_____ (School)	_____ (Name)	_____ (Grade)	_____ (School)
_____ (Name)	_____ (Grade)	_____ (School)	_____ (Name)	_____ (Grade)	_____ (School)

**School Assignment Requested:**

- Bethel   
  Blowing Rock   
  Cove Creek   
  Green Valley   
  Hardin Park   
  Mabel   
  Parkway   
  Valle Crucis   
  WVA   
  WHS

**Grade Requested:**

- K   
  1st   
  2nd   
  3rd   
  4th   
  5th   
  6th   
  7th   
  8th   
  9th   
  10th   
  11th   
  12th

**Select one of the following that best describes your reason for reassignment request:**

Request for the Following School Year	Request During the School Year
<input type="checkbox"/> School-aged child(ren) of permanent full-time or permanent part-time Watauga County Board of Education employees. <input type="checkbox"/> School-aged child with an IEP which requires special placement in a WCS school that offers the necessary program components to meet the child's needs. <ul style="list-style-type: none"> <li><input type="checkbox"/> Must be approved by the Director of EC.</li> <li><input type="checkbox"/> Space permitting, siblings may be allowed to transfer.</li> </ul> <input type="checkbox"/> If a bona fide hardship exists for the student(s) (i.e., matters that may negatively impact the education, health, or safety of the student).	<input type="checkbox"/> School-aged child(ren) of permanent full-time or permanent part-time Watauga County Board of Education employees. <input type="checkbox"/> Student who is the victim of a violent offense committed on the domiciled/attended public school. <input type="checkbox"/> School-aged child with an IEP which requires special placement in a WCS school which offers the necessary program components to meet the child's needs. <ul style="list-style-type: none"> <li><input type="checkbox"/> Must be approved by the Director of EC.</li> <li><input type="checkbox"/> Space permitting, siblings may be allowed to transfer.</li> </ul> <input type="checkbox"/> Student that has been placed by the courts or DSS in a foster home outside their current attendance area. <input type="checkbox"/> If a parent or guardian changes domicile after ninety (90) days from the beginning of the school year, the student may attend school in the district of previous domicile for the remainder of that year.

**Please state the reason for your request. If you need additional writing space you may add an attachment to this request.**

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*I, the undersigned, certify that the above information is true to the best of my knowledge and belief. I understand and agree that if, at any time, any of this information is found untrue, the reassignment may be revoked. In accordance with Watauga Board of Education policy numbers 4120, 4130, 4150, 4150-R, I further understand and agree that my child(ren) will follow all behavior, academic, and attendance policies as established by the receiving school. Failure to follow these policies may result in revocation of the reassignment by the Board of Education. Relevant Board of Education policies can be found on our website, [www.wataugaschools.org](http://www.wataugaschools.org).*

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**ADMINISTRATIVE USE ONLY**

CURRENT/DOMICILED SCHOOL: _____	PRINCIPAL NAME: _____	RECOMMENDATION: <input type="checkbox"/> RELEASE <input type="checkbox"/> DO NOT RELEASE	
REASON FOR RECOMMENDATION:	<input type="checkbox"/> Pupil-to-Teacher Ratio: _____ / _____	<input type="checkbox"/> Not outlined in policy	<input type="checkbox"/> Not in good standing
PRINCIPAL SIGNATURE			

REQUESTED SCHOOL: _____	PRINCIPAL NAME: _____	RECOMMENDATION: <input type="checkbox"/> DENY <input type="checkbox"/> ACCEPT	
REASON FOR RECOMMENDATION:	<input type="checkbox"/> Pupil-to-Teacher Ratio: _____ / _____	<input type="checkbox"/> Not outlined in policy	<input type="checkbox"/> Not in good standing
PRINCIPAL SIGNATURE			