

**HOKE COUNTY SCHOOLS
STUDENT REASSIGNMENT APPLICATION**

Name of Child: _____

Date of Birth: _____ Phone#: _____

Name of Parent/Guardian: _____

Address: _____

Regular School Assignment: _____ Grade: _____

School Requested: _____ School Year _____

Give complete and accurate explanation of reason for transfer request:

Date

Signature of Parent/Legal Guardian

**ASSIGNMENT APPROVED FOR CURRENT SCHOOL YEAR ONLY
TRANSPORTATION MUST BE FURNISHED BY PARENT/GUARDIAN**

Return applications to:

Hoke County Schools
Marsha Carroll
310 Wooley Street
Raeford, North Carolina 28376
Fax to: (910) 875-3362

FOR OFFICE USE ONLY

_____ **Denied**

Date: _____

_____ **Approved**

Date: _____

Signature: _____