

OPTIONAL ASSIGNMENT REQUEST

Date _____

Parent / Guardian Name, Address, Phone Number

I would like to request that my son/daughter:

(Child's Name)

(Grade)

be assigned to:

(Name of School) School for the following reason(s):

*I have read and understand the conditions associated with the optional assignment request
(provided on the website)*

Parent / Guardian Signature _____

School Attendance Area Assigned to: _____

Approval of optional assignments can be revoked by the Superintendent or his designee with written notification to the parent/legal guardian. Reasons for revocation include, but are not limited to: overcrowding, poor attendance, habitual tardiness, failure to provide safe and punctual transportation, Code of Conduct violations, and any action or behavior by the student or parent/legal guardian that is disruptive to and/or interferes with the educational process.

**Please return all requests to:
240 Villa Crest Drive
State College, PA 16801
ATTN: HEATHER CARD**