



Richmond County Schools  
**REASSIGNMENT REQUEST FORM**

Each reassignment request will be thoroughly researched, and any false information provided on this form will result in automatic refusal. Reassignments are granted only after the parent or guardian has made a bona fide effort to remedy the situation, as it is the policy of the Board of Education to move students only as a last resort. Requests are approved for one school year at a time, and students who are reassigned are not eligible for school bus transportation; families must provide their own transportation to and from school.

**Reassignment requests must be submitted NO LATER than June 15.** All approved reassignments will be communicated by email, while denials will be sent by both email and regular mail.

Date: \_\_\_\_\_ School Year: \_\_\_\_\_

Student Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Current School Based on Attendance Zone: \_\_\_\_\_

School You Are Requesting Reassignment To: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City/State/Zip

Place(s) of Employment: \_\_\_\_\_  
Company Phone  
\_\_\_\_\_  
Company Phone

**Reason for Reassignment Request:** Provide a detailed explanation and include any supporting documentation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature (Parent/Legal Guardian): \_\_\_\_\_