Cherokee County School District

Medical or Psychological Hardship Information Form

Name of Student: _____

Current CCSD Student Reassignment Guidelines outline that unless there is an extraordinary hardship such as a documented medical, emotional or psychological reason, the Superintendent (or designee) shall not grant a reassignment into an overcrowded school. For purposes of having a Student Reassignment Application considered on the basis of a medical, emotional or psychological reason, the student/parent requesting the reassignment must have the information below completed by a licensed physician:

1. What is this patient's current medical, emotional or psychological diagnosis?

   _____

   _____

2. Are you currently treating this patient for this condition? YES or NO

3. Please describe this patient's current treatment plan.

   _____

   _____

   _____

4. In your professional opinion, how will this student's reassignment accomplish current treatment goals?

   _____

   _____

   _____

5. In your professional opinion, do you think a reassignment from his/her resident school will have a significant, positive impact on this student's treatment goals/plan? YES or NO

_____	_____
Physician's Signature	*Name & Stamp of Practice*
_____	_____
Physician's Name (Printed)	*Date*