

V. VERIFICATION OF SPECIAL NEEDS/STUDENT HARDSHIP (To be completed by parent)

A release reassignment is requested for this student based on special curriculum or medical needs or other hardship. Please explain in detail the "special needs," and attach any available supporting medical or psycho-educational documentation.

VI. VERIFICATION OF CHANGE OF ADDRESS

Current Address

New Address

Telephone

Telephone

If Rental Property:

Landlord

Phone #

Landlord

Phone #

DECISION OF THE STUDENT SERVICES DIRECTOR

This request is

____ Approved (Meets Board Policy 4150)

____ Denied (Does not meet Board Policy 4150 and is therefore denied)

Signature

Date

**APPEAL
DECISION OF THE SUPERINTENDENT**

This request is

____ Approved

____ Denied

Signature

Date

**BOARD APPEAL
DECISION OF THE BOARD OF EDUCATION**

This request is

____ Approved

____ Denied

Date