

Request for Change in Student Assignment Out of County

ALLEGHANY COUNTY SCHOOLS

85 Peachtree Street

Sparta, NC 28675

A student may not attend a school outside his/her attendance area without the approval of the Board of Education. This form must be completed in its entirety, for each student, and submitted at least 15 days prior to the requested reassignment date to the Alleghany County Board of Education at the address listed above.

I. GENERAL INFORMATION

Student: _____ Age: _____ Current Grade: _____

Parent/Guardian: _____ Telephone: (____) _____

911Address (No PO Boxes): _____

School attended during previous school year _____

School assignment for the **current** school year _____

Siblings currently attending Alleghany County Schools

Name (s) _____ School _____

II. TYPE OF REASSIGNMENT REQUESTED

_____ **Release** from Alleghany County Schools To _____ School System

_____ **Admission** to Alleghany County Schools From: _____ School System

(A Release From School System Where Student Is Legally Domiciled Must Be Attached)

Is student currently under suspension from another school? _____ Yes _____ No

Has student ever been convicted of a felony in any state? _____ Yes _____ No

If yes, explain _____

REASON FOR REQUEST: Please check all applicable reasons.

_____ Student Hardship (Complete section III)

_____ Medical Needs (Complete section III)

_____ Child of ACS Employee

_____ Change of Residence (Complete section IV)

_____ Other Please explain reason(s) for this request on the form below. Complete Part III or IV on back of form (if required), and attach supporting documentation.

III. VERIFICATION OF SPECIAL NEEDS/STUDENT HARDSHIP

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.

V. Verification Change of Address:

Former Address

New Address

Telephone

Alternate Telephone

THIS FORM MUST BE NOTARIZED

My signature below certifies that I have completely and accurately supplied the requested information. In submitting this application, I acknowledge and accept the terms and conditions of Alleghany County School Board Policy 4150 School Assignment. I understand that falsification of this application may be grounds for denial of request for reassignment.

Signature of Parent/Guardian

Date

Sworn and subscribed before me this _____ day of _____, 20____

Notary Public

My Commission Expires _____

Signature

Date

Principal's Acknowledgement

I am aware of this request for student reassignment.

Current School Principal

Date

Reassignment School Principal

Date

Decision of Superintendent or Designee

This request is _____ Approved (Meets Board Policy 4150, and will be presented at the next regularly scheduled Board Meeting)

_____ Denied (Does Not Meet Board Policy 4150, and is therefore denied)

Signature

Date

Decision of the Board of Education (If Required)

This request is ____Approved ____Denied

Signature

Date