

REQUEST FOR CHANGE IN STUDENT ASSIGNMENT IN 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: _____ Grade for Upcoming year _____

Additional Student: _____ Age: _____ Grade for Upcoming year _____

Additional Student: _____ Age: _____ Grade for Upcoming year _____

Parent/Guardian: _____ Telephone: (____) _____

911Address (No PO Boxes): _____

City: _____ State: _____ Zip: _____ Additional Phone Number (____) _____

Identify residence location:

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

Siblings currently attending Alleghany County Schools _____

_____/School _____

II. TYPE OF REASSIGNMENT REQUESTED

_____ **In-County Reassignment**

From: _____ School **To:** _____ School

III. REASON FOR REQUEST: Please check all applicable reasons.

_____ Student Hardship (Complete Section IV) _____ Child of ACS Employee @ _____ School

_____ Medical Needs (Complete Section IV) _____ Change of Residence (Complete section VI)

_____ Special Curriculum Needs (Complete section IV) _____ Other: Complete Section IV below

Please explain reason(s) for request below, complete Part IV, and attach supporting documentation (if required).

IV. 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.

V. **VERIFICATION OF CHANGE OF ADDRESS**

Current Address

New Address

Telephone

Alternate Phone

If Rental Property:

Landlord

Phone #

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

I am aware of this request for student reassignment.

Current School Principal

Date

Reassignment School Principal

Date

Decision of the Superintendent or Designee

This request is _____Approved

_____Denied (Does not meet Board Policy 4150, and is therefore denied)

Superintendent's Signature

Date

Decision of the Board of Education (If required)

This request is: _____Approved _____Denied

Superintendent's Signature

Date