



OUT-OF-COUNTY
REQUEST FOR CHANGE IN STUDENT ASSIGNMENT
ASHE COUNTY SCHOOLS
320 South Street
PO Box 604
Jefferson, NC 28640
336.246.7175
336.246.7609 (fax)

A student may not attend a school outside his/her attendance area without the approval of the Board of Education. One copy of this form must be completed in its entirety, for each student, and submitted by **June 1** for the upcoming school year to the **STUDENT SERVICES DEPARTMENT** at the address listed above. **This request must be submitted annually. Failure to do so will result in your child being enrolled in the school in their attendance zone.**

I. GENERAL INFORMATION

Student _____ Age _____ Grade 2025/2026 _____ Grade 2026/2027 _____
Parent/Guardian _____ Telephone (____) _____
Email Address _____
Address _____ City _____ State _____ Zip _____
Mailing address if different _____
Father's employer _____ Mother's employer _____
School student attended during the **2025/2026** school year _____
Student's school assignment for the **2026/2027** school year _____
Siblings currently attending Ashe County Schools _____ /School _____

II. TYPE OF REASSIGNMENT REQUESTED

_____ **Release** from Ashe County Schools to _____ School System

_____ **Admission** to Ashe County Schools

From _____ School System To _____ School

(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

Is student receiving Exceptional Children's services at his/her present school? _____ Yes _____ No

If yes, explain what type of services _____

If your child receives Exceptional Children's services, please submit with this request form a copy of your child's IEP or 504 Plan. Additional information may be requested. To the extent practical, Ashe County Schools provides special education programs and services in each attendance district. For applicants not domiciled in Ashe County, admission may be conditioned upon space availability, the needs of the child, the effect on the school to which transfer is requested, principal recommendations, and other criteria established by the superintendent. **Failure to produce documentation by July 1, could nullify admission.**

III. REASON FOR REQUEST (Please check all applicable reasons)

_____ Student Hardship

_____ Medical Needs

_____ Special Curriculum Needs

_____ Child of ACS employee @ _____ school

_____ Change of Residence

_____ Other

Please explain reason(s) for this request.

IV. REASON FOR REQUEST (Please explain in detail)

DECISION OF THE SUPERINTENDENT

This request is _____ Approved (Meets Board Policy 4150)

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

Signature Date