

REQUEST FOR CHANGE IN STUDENT ASSIGNMENT ASHE COUNTY SCHOOLS

320 South Street
PO Box 604
Jefferson, NC 28640
336.246.7175

IN-COUNTY

Challenging young minds to soar.

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 at least 15 days prior to the requested reassignment date to the **STUDENT SERVICES DEPARTMENT** at the address listed above.

l.	GENERAL INFORMATION				
Stude	ent:	Age:	Grade 2015/2016: _	Grade 2016/	2017:
Parer	nt/Guardian:		Telephone: (_))	
Addre	ess:	City:		State: Z	ip:
Mailin	ng address if different:				
Schoo	ol attended during the 2015/2016 school year				
Schoo	ol assignment for the 2016/2017 school year				
Siblin	gs currently attending Ashe County Schools				
II.	IN-COUNTY REASSIGNMENT REQUESTED				
	From: School	ol	To:		School
III. 	REASON FOR REQUEST (Please check all ap Student Hardship (Complete section \ Special Curriculum Needs (Complete Change of Residence (Complete section)	V) section V)	Medical I	Needs (Complete secti ACS employee @	·
Please	e explain reason(s) for this request on the form below, com REASON FOR REQUEST (Please explain in de		VI, on back of form (if req	uired), and attach suppor	ting documentation.

•	VERIFICATION OF SPECIAL NEEDS/STUDENT HARDSHIP (To be completed by parent)						
	A release reassignment is requested for this student based on <u>special curriculum</u> or <u>medical needs</u> or other hardship. Pleas explain in detail the "special needs," <u>and attach any available supporting medical or psycho-educational documentation.</u>						
	VERIFICATION OF CHANGE OF ADDRESS						
	Current Address		New Address				
	Telephone		Telephone				
	If Rental Property:						
	Landlord	Phone #	Landlord	Phone #			
CIS	SION OF THE STUDENT SERVE This request is	ICES COORDINATOR					
		Meets Board Policy 4150)					
	Denied (Does not meet Board Policy 4150 and is therefore denied)						
			Signature	Date			
DE	AL						
	SION OF THE SUPERINTENDE	ENT					
	This request is						
	Approved						
	Denied						
			Signature	Date			
ΔΕ	RD APPEAL						
CIS	SION OF THE BOARD OF EDU	ICATION					
	This request is						
	Approved						
	Denied						
			Signature	Date			