



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

I. GENERAL INFORMATION

Student _____ Age _____ Grade 2016/2017 _____ Grade 2017/2018 _____
Parent/Guardian _____ Telephone (_____) _____
Address _____ City _____ State _____ Zip _____
Mailing address if different _____
Father's employer _____ Mother's employer _____
School student attended during the 2016/2017 school year _____
Student's school assignment for the 2017/2018 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

If yes, explain _____

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

_____ Student Hardship (Complete section V) _____ Medical Needs (Complete section V)
_____ Special Curriculum Needs (Complete section V) _____ Child of ACS employee @ _____ school
_____ Change of Residence (Complete section VI) _____ Other

Please explain reason(s) for this request on the form below, complete Part V or VI, on back of form (if required), and attach supporting documentation.

IV. REASON FOR REQUEST (Please explain in detail)

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

Telephone #

Landlord

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 Ashe 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 the _____ day of _____, 20_____

Notary Public

My Commission Expires

DECISION OF THE SUPERINTENDENT

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

This request is Approved

Denied

Signature

Date