

Application for Change in School Assignment

Form to be used by resident students requesting assignment to a District school outside their attendance area/zone.

Student's Name _____
Last First Middle Initial

Home Address _____ Phone # _____

Present School _____ Present Grade _____

Requested School _____ For School Year _____ Grade _____

Date of Request: _____

State the reason for requesting this change in assignment: If request is based on hardship, give full details of the hardship.

I UNDERSTAND THAT, IF APPROVED, THIS CHANGE IN ASSIGNMENT WILL BE GRANTED FOR ONLY ONE (1) SCHOOL YEAR AND THAT TRANSPORTATION IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN.

Parent/Guardian's Signature Date

To be completed by Central Office Personnel

Application Approved Disapproved Date _____

Parent contacted Yes No Date _____

Present School Contacted Yes No Date _____

Requested School Contacted Yes No Date _____

Professional recommendation, if required _____

Superintendent/designee's Signature Date