ASHE COUNTY schools

Challenging young minds to soar.

IN-COUNTY
REQUEST FOR CHANGE IN STUDENT ASSIGNMENT

ASHE COUNTY SCHOOLS
320 South Street
PO Box 604
Jefferson, NC 28640
336.246.7175

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: _____

School attended during the **2016/2017** school year _____

School assignment for the **2017/2018** school year _____

Siblings currently attending Ashe County Schools _____/School_____

II. IN-COUNTY REASSIGNMENT REQUESTED

From: _____ School **To**: _____School

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)

_____

_____

_____

_____

_____

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_____

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 Phone #	Landlord Phone #

DECISION OF THE STUDENT SERVICES COORDINATOR

This request is

_____Approved (Meets Board Policy 4150)

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

_____
Signature Date

APPEAL
DECISION OF THE SUPERINTENDENT

This request is

_____Approved

_____Denied

_____
Signature Date

BOARD APPEAL
DECISION OF THE BOARD OF EDUCATION

This request is

_____Approved

_____Denied

_____
Signature Date