

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)

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				
Address	Studen	ıt	Age	Grade 2019/2020	Grade 20	20/2021
Mailing address if different Father's employer School student attended during the 2019/2020 school year Student's school assignment for the 2020/2021 school year Siblings currently attending Ashe County Schools II. TYPE OF REASSIGNMENT REQUESTED Release from Ashe County Schools From School System To Scho	Parent/	/Guardian		Telephone ()	
Father's employer	Addres	ss	City		State	Zip
School student attended during the 2019/2020 school year	Mailing	address if different				
Student's school assignment for the 2020/2021 school year	Father's employer		Mother's	s employer		
Siblings currently attending Ashe County Schools	School	student attended during the 2019/2020 school year_				
II. TYPE OF REASSIGNMENT REQUESTED Release from Ashe County Schools to	Studen	t's school assignment for the 2020/2021 school year				
II. TYPE OF REASSIGNMENT REQUESTED Release from Ashe County Schools to	Sibling					
Admission to Ashe County Schools FromSchool System ToSo (A RELEASE FROM SCHOOL SYSTEM WHERE STUDENT IS LEGALLY DOMICILED MUST BE ATTACHED) Is student currently under suspension from another school?YesNo Has student ever been convicted of a feliony in any state?YesNo If yes, explainMedical Needs Student HardshipMedical NeedsSpecial Curriculum Needs Child of ACS employee @school Change of Residence Other	II.					
School System To		Release from Ashe County Schools to				School System
Is student currently under suspension from another school?		Admission to Ashe County Schools				
Has student ever been convicted of a felony in any state?		From School SYSTEM WH	nool System IERE STUDE	TO ENT IS LEGALLY DOM	ICILED MUST E	School BE ATTACHED)
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.		Is student currently under suspension from ar Has student ever been convicted of a felony in	nother school n any state?	?Yes Yes		
Student Hardship Medical Needs Special Curriculum Needs Child of ACS employee @ school Change of Residence Other Please explain reason(s) for this request.		If yes, explain				
Special Curriculum Needs Child of ACS employee @school Change of Residence Other Please explain reason(s) for this request.	III.	REASON FOR REQUEST (Please check all appli	icable reaso	ns)		
Change of Residence Other Please explain reason(s) for this request.		Student Hardship		_ Medical Needs		
Please explain reason(s) for this request.		Special Curriculum Needs		_ Child of ACS employ	yee @	school
		Change of Residence		_ Other		
IV. REASON FOR REQUEST (Please explain in detail)	Please	explain reason(s) for this request.				
	IV.	REASON FOR REQUEST (Please explain in detail	l)			

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 _____, 20_____ Sworn and subscribed before me this the _____ day of ___ Notary Public My Commission Expires **DECISION OF THE SUPERINTENDENT** _Approved (Meets Board Policy 4150 and will be presented at the next regularly scheduled Board Meeting) This request is _Denied (Does not meet Board Policy 4150 and is therefore denied) Signature Date **DECISION OF THE BOARD OF EDUCATION**

This request is ___Approved Denied Date