

REQUEST FOR CHANGE IN STUDENT ASSIGNMENT

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

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, or by April 30 each year, to the requested reassignment date to the **STUDENT SERVICES DEPARTMENT** at the address listed above.

This request must be submitted annually. Failure to do so will result in your child being enrolled in the school in their attendance zone.

	CENEDAL INFORMATION				
I. Stude	GENERAL INFORMATION ent:	Age:	Grade 2023/2024:	Grade 2	2024/2025:
	nt/Guardian:				
	ess:				
	Address				
Mailin	g address if different:				
Schoo	ol attended during the 2023/2024 school year				
Scho	ool assignment for the 2024/2025 school year_				
Siblings currently attending Ashe County Schools			/School		
II.	IN-COUNTY REASSIGNMENT REQUEST				
	From:	School	То:		School
III.	REASON FOR REQUEST (Please check Student Hardship (Complete see Special Curriculum Needs (Com	ction V)	Medical		section V)
	Change of Residence (Complete	<u> </u>	Other		
IV.	REASON FOR REQUEST (Please explain		VI, on back of form (if rec	juired), and attach si	upporting 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				
	Talanhana		Talanhana				
	Telephone		Telephone				
	If Rental Property:						
	Landlord	Phone #	Landlord	Phone #			
	This request is						
	This request is	4 (D					
	Approved (Meets Board Policy 4150)						
	Denied (Does not meet Board Policy 4150 and is therefore denied)						
			Signature	Date			
PPE							
:CR	SION OF THE SUPERINTENDE	:N I					
	This request is						
	Approved						
	Denied						
			Signature	Date			
	RD APPEAL SION OF THE BOARD OF EDU	CATION					
	This request is						
	Approved						
	Denied						
ate							