



**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 2020/2021: _____ Grade 2021/2022: _____

Parent/Guardian: _____ Telephone: (_____) _____

Address: _____ City: _____ State: _____ Zip: _____

Mailing address if different: _____

School attended during the **2020/2021** school year _____

School assignment for the **2021/2022** 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 |
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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 _____ Phone # _____

Landlord _____ Phone # _____

DECISION OF THE STUDENT SERVICES DIRECTOR

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

Date