



**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.

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**VI. VERIFICATION OF CHANGE OF ADDRESS**

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Current Address

\_\_\_\_\_  
New Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Telephone

If Rental Property:

\_\_\_\_\_  
Landlord

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Landlord

\_\_\_\_\_  
Phone #

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**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

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**APPEAL  
DECISION OF THE SUPERINTENDENT**

This request is

\_\_\_\_ Approved

\_\_\_\_ Denied

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**BOARD APPEAL  
DECISION OF THE BOARD OF EDUCATION**

This request is

\_\_\_\_ Approved

\_\_\_\_ Denied

\_\_\_\_\_  
Date