

**Application for Change in School Assignment**

Form to be used by resident students requesting assignment to a District school outside their attendance area/zone.

Student's Name \_\_\_\_\_  
*Last First Middle Initial*

Home Address \_\_\_\_\_ Phone # \_\_\_\_\_

Present School \_\_\_\_\_ Present Grade \_\_\_\_\_

Requested School \_\_\_\_\_ For School Year \_\_\_\_\_ Grade \_\_\_\_\_

Date of Request: \_\_\_\_\_

State the reason for requesting this change in assignment: If request is based on hardship, give full details of the hardship. \_\_\_\_\_

**I UNDERSTAND THAT, IF APPROVED, THIS CHANGE IN ASSIGNMENT WILL BE GRANTED FOR ONLY ONE (1) SCHOOL YEAR. IF THE STUDENT'S ATTENDANCE, GRADES, AND/OR BEHAVIOR ARE NOT IN GOOD STANDING AT ANY TIME DURING THE SCHOOL YEAR, THE APPROVAL MAY BE REVOKED. TRANSPORTATION IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO AND FROM SCHOOL.**

\_\_\_\_\_  
*Parent/Guardian's Signature Date*

**To be completed by Central Office Personnel**

Application  Approved  Disapproved Date \_\_\_\_\_

Parent contacted  Yes  No Date \_\_\_\_\_

Approved School Contacted  Yes  No Date \_\_\_\_\_

If Applicable: Previous School Year:

Attendance

Grades

Behavior

Professional recommendation, if required \_\_\_\_\_

\_\_\_\_\_  
*Superintendent/designee's Signature Date*

Review/Revised:4/19/2021