

Application for Change in School Assignment

Instructions: To request to enroll your student in a different elementary school than where you reside, please complete the form below and click the Submit button to email it. Alternatively, you can print the completed form and submit it to the main office of the elementary school where you reside.

Student's Name _____
Last First Middle Initial

Home Address _____ Phone # _____

Resident School _____ Present Grade _____

Requested School _____ For School Year _____ Grade _____

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 AND THAT ANY SPECIAL TRANSPORTATION NEEDED IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN.

Parent/Guardian's Signature (Typed Name) Date

To be completed by Principal at School where enrollment is requested

At the school level, this application has been ☐ approved ☐ disapproved, reason

Receiving School Principal's Signature Date

To be completed by Central Office Personnel
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Application ☐ Approved ☐ Disapproved Date _____

Parent contacted ☐ Yes ☐ No Date _____

Present School Contacted ☐ Yes ☐ No Date _____

Requested School Contacted ☐ Yes ☐ No Date _____

Professional recommendation, if required _____

Superintendent/designee's Signature Date