## **Application for Change in School Assignment**

Form to be used by resident st	udents requesting	assignment to a Distri	ct school outside	their attendance area/zone.
Student's Name				
	Last	<i>F</i> 1	irst	Middle Initial
Home Address	Phone #			
	Present Grade			
Requested School				
Date of Request:				
State the reason for requestin of the hardship.	g this change in	assignment: If requ	uest is based o	on hardship, give full detail
I UNDERSTAND THAT, IF APPROV		NOTICE		
OUTSIDE THE SCHOOL DISTRICT ROUTE. OTHERWISE, I MUST ASSIGNMENT WILL BE GRANTE HIS/HER ORIGINAL SCHOOL IF I CAP SIZE REGULATIONS) OCCUI ALLOWED TO ATTEND A SCHOOL ORIGINAL SCHOOL DURING THE DISTRICT WILL MAKE A DETERMENT.	PROVIDE ALL TI ED ONLY FOR ONI DISCIPLINE PROBI RS AT THE RECEIV DOL OUTSIDE HIS E CURRENT SCHO	RANSPORTATION. I E (1) SCHOOL YEAR LEMS ARE EXCESSIVE VING SCHOOL. FURTE SHER DISTRICT OF E DOL YEAR UNLESS AT	ALSO UNDERST AND THAT MY E OR IF OVERCE HER, I UNDERST RESIDENCE, S/H N EXTREME HA	TAND THAT THIS CHANGE I CHILD CAN BE RETURNED T ROWDING (THE EXCEEDING O FAND THAT ONCE MY CHILD I IE MAY NOT RETURN TO TH RDSHIP EXISTS. THE SCHOO
Parent/Guardian's Signature				Date
At the school level, this applicat	ion has been	□ approved □ disap	proved, reason	
	 Signature			 Date
	To be complet	ed by Central Office	Personnel	
Application				
Application Parent contacted	☐ Yes	☐ No		
Present School Contacted	□ Yes	□ No		
Requested School Contacted		□ No		
Professional recommendation				
	, <b>- 1</b>			
Superintend		Date		