

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. _____

 _____**NOTICE****I UNDERSTAND THAT, IF APPROVED, I MUST PROVIDE ALL TRANSPORTATION.-****I ~~ALSO~~ UNDERSTAND THAT THIS CHANGE IN ASSIGNMENT WILL BE GRANTED ONLY FOR ONE (1) SCHOOL YEAR.****I UNDERSTAND ~~AND~~ THAT MY CHILD ~~MAY~~CAN BE RETURNED TO HIS/HER ORIGINAL SCHOOL IF DISCIPLINE PROBLEMS ARE EXCESSIVE. (EXCESSIVE IS DEFINED AS ANY ALTERNATIVE SCHOOL PLACEMENT, POLICY VIOLATION, OUT OF SCHOOL SUSPENSION OR IN SCHOOL SUSPENSION.)****I UNDERSTAND THAT MY CHILD MUST MAINTAIN A "C" GRADE (CUMULATIVE THROUGH THE STUDENT'S PREVIOUS SEMESTER).****I UNDERSTAND THAT MY STUDENT MUST NOT EXPERIENCE ANY SCHOOL ATTENDANCE ISSUES. (ISSUE IS DEFINED AS THREE [3] UNEXCUSED ATTENDANCE EVENTS OR MORE. KRS 159.150 DEFINES A STUDENT WITH THREE [3] UNEXCUSED ATTENDANCE EVENTS AS A TRUANT.)****~~OR~~ I UNDERSTAND THAT MY CHILD CAN BE RETURNED TO HIS/HER ORIGINAL SCHOOL IF OVERCROWDING (THE EXCEEDING OF CAP SIZE REGULATIONS) OCCURS AT THE RECEIVING SCHOOL.****FURTHER, I UNDERSTAND THAT ONCE MY CHILD IS ALLOWED TO ATTEND A SCHOOL OUTSIDE HIS/HER DISTRICT OF RESIDENCE, S/HE MAY NOT RETURN TO THE ORIGINAL SCHOOL DURING THE CURRENT SCHOOL YEAR UNLESS AN EXTREME HARDSHIP EXISTS. THE SCHOOL DISTRICT WILL MAKE A DETERMINATION ON ACTIONS RELATED TO ANY HARDSHIP REQUEST.**_____
*Parent/Guardian's Signature*_____
*Date*At the school level, this application has been ☐ approved ☐ disapproved, reason _____

*Principal's Signature*_____
Date

Application for Change in School Assignment**To be completed by Central Office Personnel**

Application	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Date _____
Parent contacted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date _____
Present School Contacted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date _____
Requested School Contacted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date _____
Professional recommendation, if required _____			

*Superintendent/designee's Signature*_____
Date