

Request for Student Reassignment

Office of Student Assignment 53 West River Road
919-496-2600 phone 919-496-2104 fax Louisburg, North Carolina 27549



INSTRUCTIONS This form must be completed in black or blue ink.

A request must be made to the Office of Student Assignment **each year** that a change in student assignment from your districted school is desired. Presenting a false record or falsifying records is a state and federal offense. Enrollment of the child under false documents subjects the person to liability for tuition or other costs. In a case where incorrect information is provided, the Board of Education reserves the right to immediately transfer the student to his/her appropriate school. **Deadline for request submission is May 31 for the upcoming school year.**

SECTION 1: Request by Parent/Guardian (One student per form)

School Year Requested _____ Student's Grade Level for School Year Requested _____

Student's Name _____

Does this student receive the following: Special Education Services Yes No 504 Services Yes No

Parent(s) or Legal Guardian(s) _____

Phone Number(s) _____

Home Address – ***Physical Address of Parent/Guardian** Request: First Request Renewal Request

***Does the student reside at this address?** Yes No Mailing Address (if different from physical address) _____

Street _____ P. O. Box/Other _____

City, Zip _____ City, Zip _____

It is hereby requested that this student be reassigned

FROM _____ **School,** _____ **County** (if other than Franklin)
(districted school) (county, if other than Franklin)

TO _____ **School,** _____ **County** (if other than Franklin).
(requested school) (county, if other than Franklin)

SECTION 2: Reason for Request Deadline for request submission is May 31 for the upcoming school year.

School System Employee: Place of employment _____ Separation of employment will make this agreement null and void.

Grandfathered Majority-to-Minority – Did this child receive a Majority-to-Minority transfer in 2018-19? Yes No

Grade 12 Senior Status

Hardship/Medical – **Additional documentation in required:**

1. Letter from parent/guardian explaining reason(s) for the request
2. Supporting documentation pertinent to request - Depending upon the specific reason(s) for the request, supporting documentation may include medical/special needs documentation, verification of parent's employment and work hours, and/or verification from day care provider.

A meeting with the Franklin County Board of Education may be required.

Signature of Parent/Legal Guardian

Date

TO BE COMPLETED BY BOARD OF EDUCATION / DESIGNEE – Only For Grandfathered M-to-M or Employee-Status Transfer

Request Approved for _____ **School Year ONLY.**

Parent(s)/Guardian(s) Provide Transportation

FCS Transportation Provided

Student Assignment Coordinator _____

Date _____

PARENT/GUARDIAN: If this is a new request and your child is not currently enrolled in the approved school, please make an appointment at school to complete the enrollment process.

APPROVALS: All approvals are contingent upon space being available in the school and the program in which the student wishes to enroll. Parent/Legal Guardian will be responsible for providing transportation, unless otherwise noted. Approval is granted for only one school year at a time.

RELEASE TO ANOTHER COUNTY: This release is with the understanding that there is no financial obligation incurred by the Franklin County Board of Education and contingent upon the acceptance by the _____ School System.