

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 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.

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

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

Student's Name _____ Race American Indian

- Asian
- Black
- Hawaiian/Pacific
- Hispanic
- Multi-Racial
- White

Does this student receive Special Education Services? Yes No

Parent(s) or Legal Guardian(s) _____

Phone Number(s) _____

Home Address – ***Physical Address** 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

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

Majority-to-Minority – Refer to appropriate school year's M-t-M letter for eligibility requirements.

Senior Status – **Deadline for request is May 31 for the upcoming school year.**

****Hardship/Medical – See paragraph below. Deadline for request is May 31 for the upcoming school year.**

****Additional documentation is 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.

Signature of Parent/Legal Guardian

Date

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

TO BE COMPLETED BY BOARD OF EDUCATION / DESIGNEE – Only For Majority-to-Minority or Employee 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.