

**APPLICATION FOR REASSIGNMENT
WITHIN ASHEBORO CITY SCHOOLS
2018-2019**

The Asheboro City Board of Education believes that in almost all cases the child should attend the school that serves his/her domicile. Exceptions to this will be made in limited circumstances within the criteria provided and any administrative procedures established by the superintendent.

A complete application must be submitted to the Office of the Superintendent by June 1. Such a request for transfer is to be considered without regard to race, color, or national origin. Decisions will be mailed by June 30.

PLEASE PRINT

PARENT/GUARDIAN NAME

ADDRESS

CITY STATE ZIP

PHONE

Application is hereby made for the following student:

Name of Student _____ Last First Middle DOB ____/____/____

School presently attending _____ Grade (2018-2019) _____

School/district assigned _____

School assignment requested _____

Reason code (see back) for requesting admission _____ List sibling(s) also applying _____

EXPLANATION OF REASON FOR REQUESTING TRANSFER (may attach additional pages if necessary):

Please initial you have read and agree to each statement:

_____ I have visited the school my child is assigned to and met with the administrator. I am making an informed decision to request the alternate school due to the reasons listed above.

_____ I understand this application is only good for the 2018-2019 school year. A new application is required annually and new applications are accepted March 1st- June 1st for the following year.

_____ I understand a student's acceptance can be revoked if the student does not maintain good attendance, passing grades, and/or good behavior.

_____ I understand bus transportation is not available for students receiving a reassignment.

I do declare that the above named student is not under suspension or expulsion from attendance at a private or public school in this or any other state nor has he/she been convicted of a felony in this or any other state. By signing this application, I agree that I fully understand all of the information contained herein.

Signature of Legal Custodial Parent or Legal Guardian

Date

REASON CODES:

1. Employee of a Public School System

A student whose parent, legal guardian, or legal custodian is a permanent employee of the Asheboro City Schools may be reassigned.

2. Change of Domicile

A student whose parent, legal guardian, or legal custodian plans to move within 90 days after the beginning of the school year may be reassigned at the beginning of the school year to the school serving the student's new domicile. A student who changes his/her domicile during the course of the school year may be permitted to continue in the school of their former domicile for the remainder of the school year. However, the student will be assigned according to the area in which they live at the beginning of the next school year.

3. Hardship

A student may be reassigned because of undue hardship, or extraordinary, compelling, specific circumstances.

4. Exceptional Student Program Transfers

A student in the exceptional student program may be reassigned upon the recommendation of the IEP Team.

5. School Utilization

A student may be reassigned when it would provide for the more orderly and efficient administration and operation of the schools in the district.

PLEASE NOTE:

Athletics: Athletics or participation in athletics is not a lawful reason for admission.

Permanent Employees are defined by NC Public Schools Benefits & Employment Policy Manual as (a) Employed with the expectation of permanent employment to fill a position that is to be permanent if present needs and funds continue, or (b) employed with the expectation of at least six full consecutive monthly pay periods of employment to replace one or more employees who are on leave of absence without pay. Eligibility for benefits must be designated at time of initial employment or upon change of employment status. Permanent employees may be employed full-or part-time. The regular workweek of a permanent employee must be at least 20 hours per week.

Appeal of Admission Decisions: A decision of the superintendent's designee may be appealed to the superintendent. An appeal to the superintendent must be received in writing no later than five working days following receipt of the decision of the superintendent's designee. The superintendent will review the appeal and make a written determination within 30 days of receiving the appeal.

Please do not write in this box.

_____ **APPROVED**

_____ **NOT APPROVED**

COMMENTS _____

Tena Lester, Student Transfers

Date

DATE RECEIVED _____

RECEIVED BY _____