

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

- 1. Transfers involving athletics will be in accordance with Kentucky High School Athletic Association (KHSAA) By-Laws.
- 2. Requests for changes in assignment for middle and high school students are considered incomplete until class scheduling information has been submitted to the prospective school.

I UNDERSTAND THAT, IF APPROVED, THIS CHANGE IN ASSIGNMENT WILL BE GRANTED FOR ONLY ONE (1) SCHOOL YEAR AND THAT ANY SPECIAL TRANSPORTATION NEEDED IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN.

Signature of Parent/Guardian Date

At the school level, this application has been approved disapproved, reason

Signature of Principal Date

Review/Revised:7/20/1999