GUILFORD COUNTY SCHOOLS REQUEST FOR REASSIGNMENT WITHIN COUNTY

SCHOOL YEAR 2009-2010

☐ *New Request*
☐ *Continuing Request*

PLEASE PRINT

Name of Student _____ Age _____ Birth Date _____ Sex: _____ Race: ☐ African-American ☐ Asian ☐ Caucasian ☐ Hispanic ☐ Native American ☐ Multiracial

Name of Parent/Legal Guardian _____ Address _____

Home Phone (____) _____ Work Phone (____) _____ _____
City/State Zip Code

REASON(S) FOR REQUEST _____

_____

_____

_____

(Please refer to Board of Education Policy JBCC: School Assignment)

Does this child have special education needs? Yes _____ No _____ If yes, specify _____

Are you a Guilford County Schools employee? _____ If so, list position and job location _____

Attendance Zone
School Assignment _____ School Attended 2008-09 _____ Grade _____

School Presently
Attending (if applicable) _____ Grade _____ School Reassignment
Requested _____ Grade _____

My signature below certifies that I have completely and accurately answered the information above. Should any of the responses change after completing this form, I will notify the school district immediately. I understand that if there is incorrect information or if I fail to notify the district as prescribed above, it shall result in revocation of assignment. I further understand that the district is under no obligation to furnish transportation for the student. <u>I also understand this application is only for the year noted and must be resubmitted annually</u>. Further, it is understood that any attendance or behavior problems shall be sufficient cause to rescind any reassignment which may be granted.

_____ _____ _____
Name of Parent/Legal Guardian (PLEASE PRINT) Signature of Parent/Legal Guardian Date of Request

RETURN REQUEST TO:
Student Assignment Office
Guilford County Schools
120 Franklin Blvd.
Greensboro, NC 27401

In compliance with federal laws, Guilford County Schools administers all educational programs, employment activities and admissions without discrimination because of race, religion, national or ethnic origin, color, age, military service, disability or gender, except where exemption is appropriate and allowed by law. Refer to the Board of Education's Discrimination Free Environment Policy AC for a complete statement. Inquiries or complaints should be directed to the Guilford County Schools Compliance Officer, 120 Franklin Boulevard, Greensboro, NC 27401; 336-370-2323.

***<u>PLEASE NOTE:</u> REASSIGNMENT REQUEST MUST BE RECEIVED BY THE DEADLINE OF JULY 1, 2009AT 5:00 P.M.**
NO APPEAL FOR HEARING WILL BE HONORED IF REQUEST IS NOT RECEIVED BY DEADLINE ABOVE.

FOR OFFICE USE ONLY - ACTION TAKEN:

☐ **APPROVED** **Signature** _____ **Date of Notification** _____
Director of Student Assignment

☐ **DENIED** **Remarks** _____