

ASSIGNMENT OF STUDENTS TO GRADE LEVELS/CLASSES
(Application for Change in School Assignment)

This form is to be used by RESIDENT students requesting assignment to a district school outside his/her attendance area/zone.

Student Information

Name: _____ / _____ / _____

Address: _____

Phone Number: _____ Current Grade: _____ For School

Year: _____

Requested School: _____

Reason for Transfer

If request is based on hardship, give full details of the hardship (additional pages may be used if necessary).

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

Signature of Parent/Guardian

Date

Submit this form to the principal of the building to which you are requesting assignment.

At the School Level, this Application Has Been Approved *or* Denied

If Denied, Reason: _____

Signature of Building Administrator/Designee

Date

FILE: JECC-AF

To be completed by Central Office Personnel

Date _____ Application: Approved Denied

Parent/Guardian contacted? Yes No Date: _____

Present school contacted? Yes No Date: _____

Requested school contacted? Yes No Date: _____

Professional recommendations, if required: _____

Signature of Superintendent/Designee

Date _____

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Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented: 11/20/2000

Clinton School District #124, Clinton, Missouri