

Surry County Schools

REQUEST FOR STUDENT REASSIGNMENT

2019-2020

Return this completed form to:

Human Resources
Surry County Schools
PO Box 364
Dobson, NC 27017

All requests for initial reassignment for the next school year must be submitted annually between April 1 and June 1 prior to the beginning of the next school year. A decision regarding a student reassignment request will be made by July 1 each year. Parents will be notified of the decision by July 15.

Student's Name _____ Current Age: _____

Parent/Legal Guardian _____ Phone Number _____

Address: _____
Physical Address | Mailing Address (If different)

Grade (for 2019-20): _____ First Request: _____ Renewal Request: _____ Grade of student when first request made _____

It is hereby requested that the student listed above be reassigned for the 2019-20 school year.
from (school) _____ to (school) _____.

REASON FOR REQUEST (Must be one from section E of policy 4150)

If the student will enter Kindergarten (Grade K) skip questions 1 & 2.

1. Is this child in good standing at present school? _____ If no, please explain _____
2. Has the student ever been expelled or suspended from a school? _____ If yes, please give details and dates _____
3. Does this student require any special services or classes? _____ If yes, please explain on back.
4. Please list any extracurricular activities that the child participates in.

Signature of Parent/Legal Guardian _____ Relationship _____ Date _____

Principal's Statement (For students enrolling in SCS)

_____ I acknowledge awareness of this student reassignment request, with the understanding that good conduct be maintained at all times and violations of school rules can result in termination of this transfer request. I have also determined that this additional enrollment will not cause my school to exceed the maximum class size as determined by the NC Department of Public Instruction.

_____ I do not recommend enrollment. (Reason) _____

Date: _____ Principal's Signature: _____ School _____

Office Use Only

Enroll _____ Release _____ Continuation _____ Denied _____ Hearing _____

Authorized by: _____ Date _____

