

**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 \_\_\_\_\_

Home Address \_\_\_\_\_ Phone # \_\_\_\_\_

Present School District of Residence \_\_\_\_\_ 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. THE ONE (1) YEAR ASSIGNMENT MAY BE REVOKED AT ANY TIME DURING THE SCHOOL YEAR DUE TO 1) CLASS CAPS, 2) DISCIPLINARY ISSUES, 3) ATTENDANCE ISSUES, OR 4) ACADEMIC PROGRESS.**

\_\_\_\_\_  
*Parent/Guardian's Signature* *Date*

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

\_\_\_\_\_

\_\_\_\_\_  
*Principal's Signature* *Date*

**To be completed by Central Office Personnel**

Application  Approved  Disapproved Date \_\_\_\_\_

Parent contacted  Yes  No Date \_\_\_\_\_

Present School Contacted  Yes  No Date \_\_\_\_\_

Requested School Contacted  Yes  No Date \_\_\_\_\_

Professional recommendation, if required \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Superintendent/designee's Signature* *Date*

Review/Revised:8/27/2018