



Request for Reassignment

Please complete one form for each child.

School Year: 20__/20__

Student Name _____ Date of Birth _____

Student Address (street & number) _____

City _____ State _____ Zip _____

Grade Level (for the year of reassignment) _____ Assigned School _____

Please select the school to which you are requesting reassignment.

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Bennett | <input type="checkbox"/> Horton Middle | <input type="checkbox"/> Moncure | <input type="checkbox"/> Pittsboro Elem. |
| <input type="checkbox"/> Bonlee | <input type="checkbox"/> J. S. Waters | <input type="checkbox"/> North Chatham | <input type="checkbox"/> Siler City Elem. |
| <input type="checkbox"/> Chatham Central | <input type="checkbox"/> Jordan-Matthews | <input type="checkbox"/> Northwood | <input type="checkbox"/> Silk Hope |
| <input type="checkbox"/> Chatham Middle | <input type="checkbox"/> Margaret B. Pollard Middle | <input type="checkbox"/> Perry Harrison | <input type="checkbox"/> Virginia Cross Elem. |

Reason for Request for Reassignment¹

Select reason below – Must include written/typed details – Please attach pages as necessary

2. Factors Considered when Reassignment is Requested

- a. Special Curricular Needs
- b. Extreme Hardship
- c. Children of Employees
- d. Reassignment of Siblings.
- e. Anticipated Move into a New Assignment Area

E. Special Circumstances

- 1. Change of Residence
- 2. Unsafe School Choice Transfer under the No Child Left Behind Act
- 3. Transfer of Homeless Students.

¹Must meet the guidelines outlined in Board of Education Policy 4150

Parent/Guardian

Name _____

Mailing Address (if different from above) (street name & number) _____

City _____ State _____ Zip _____

Contact Numbers: Home (____) _____ - _____ Cell (____) _____ - _____

Email _____

I understand that the reassignment is valid for the reassigned school only and is valid until the student completes the grades in the reassigned school unless otherwise designated. Approvals are based on the guidelines outlined in BOE Policy 4150. The parent is responsible for transportation to and from school. Excessive absences, tardiness or disciplinary referrals may be grounds for revocation of the reassignment.

Parent/Guardian Signature _____ Date ____/____/____

EMPLOYEE REQUEST

Employee Name: _____ School _____

Position _____ Principal/Supervisor Signature: _____

Non-Chatham County Resident? Yes² No (circle one)

²Request release from your resident school system and have them forward the release to the CCS Reassignment Office.

This section is to be completed by the Superintendent's Office (or Designee).

Reassignment **Approved** to _____ School _____
(A new request must be submitted after the student completes all grades in the reassigned school.)

Reassignment Approved for 20__/20__ school year or its remainder **ONLY**.

Reassignment **Denied**: _____

Reason for Denial: _____

Superintendent/Designee Signature

Date

Return Completed Forms to:
CCS Central Office
PO Box 128 / 369 West Street
Pittsboro, NC 27312
Attn: School Reassignment
919-542-3626 Phone
919-642-5611 Fax