

Craven County Schools Request for School Reassignment 2021-2022 SCHOOL YEAR	1. Application Date:	2. School Requested:
	Date Received at District Office	
Please use a separate form for each child, and PRINT CLEARLY.		

3. STUDENT'S NAME:	(First)	(Last)	4. GRADE FOR 2021-2022 _____
5. STUDENT LIVES AT THIS ADDRESS:	(Number and Street)		6. Date of Birth: _____
IS THIS A NEW ADDRESS YES <input type="checkbox"/>		NO <input type="checkbox"/>	Male ____ Female ____

7. STUDENT'S HOME SCHOOL DISTRICT _____ <small>(Will NOT be the same as school being requested unless special circumstances are noted)</small>	9. This Student is CRAVEN L LIVE <input type="checkbox"/> Currently Attends _____ Most Recently Attended	10. How long has this student attended school noted in #9? _____
8. STUDENT LIVES WITH THE FOLLOWING ADULTS AT THE ABOVE ADDRESS: _____ MOTHER (Name) _____ FATHER (Name) _____ OTHER (Name) _____ If OTHER, Please explain:	11. Previous Grade (2020-2021) _____	12. This student has an IEP (Individualized Education Plan) Yes <input type="checkbox"/> No <input type="checkbox"/>

13. If Student does NOT live with both Mother and Father (as listed on birth certificate) at the above address, you must provide information about parents: (Please mark below the appropriate that applies)

FATHER Legal Guardian Court Appointed Custodian	MOTHER Legal Guardian Court Appointed Custodian
Name:	Name:
Street Address:	Street Address:
City, State, ZIP:	City, State, ZIP:
14. Names of siblings also requesting reassignment to THIS school:	
Name _____ Grade _____	Name _____ Grade _____
Name _____ Grade _____	Name _____ Grade _____

15. Are siblings requesting reassignment to ANOTHER school Yes No If YES, what school?

16. Use this space to explain your hardship as to why you are requesting a school outside your district.

17. Each day, transportation for this child will be provided by:	CONDITIONS OF REASSIGNMENT ARE LISTED ON THE BACK OF THIS FORM.
18. Is your child planning to play sports at the school? YES <input type="checkbox"/> NO <input type="checkbox"/>	I have read and understand the guidelines on the reverse of this form and agree to all the conditions therein. Parent Signature and Mailing Address:
REASSIGNMENTS ARE EFFECTIVE FOR ONE SCHOOL YEAR ONLY. THE LAST DAY FOR REASSIGNMENT REQUESTS FOR THE 2021-2022 SCHOOL YEAR IS JUNE 1, 2021	Signature:
Employee of Craven Co. Schools YES <input type="checkbox"/> NO <input type="checkbox"/>	Mailing Address:
(For Central Services Use) <input type="checkbox"/> Approved	City State ZIP:
<input type="checkbox"/> Denied	Telephone(s)
	Email Address:

