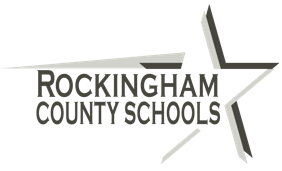
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**ROCKINGHAM COUNTY SCHOOLS APPLICATION FORM FOR REASSIGNMENT - OUT OF COUNTY - SCHOOL YEAR 2023-2024**

**Today’s date:**

**PLEASE PRINT**: Student’s Name

African-American Asian Caucasian

Hispanic Native American Multiracial

If the student is currently enrolled in Rockingham County Schools, place the RCS student ID number here:



**Age**\_\_\_\_**\_\_\_** Date **of Birth** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Gender**:** *Female Male*

Circle One

**ETHNICITY:** (Must select one) ☐ Hispanic/Latino ☐ Not Hispanic/Latino



Does this child have special needs? Yes No

If yes, specify:

**RACE:** (Must select at least one) ☐ Black or African American ☐ Asian ☐ White

☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander

**SIBLING:** Yes  No **School:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If yes, please complete an application for each child.**

Name of Parent/Legal Guardian 

Address City/State Zip

Home Phone ( ) Work Phone ( )

**Name of School Attendance Zone in which student lives:**

**Are you a RCS employee? Yes No**

**If so, list position:**

**Job location:**



**Complete only if requesting a reassignment to a school other than the school in which you are currently enrolled:**

School Attended 2022-2023 Grade 

School Currently Attending (if applicable) Grade

School Reassignment Requested 2023-2024 Grade

**It is the responsibility of the parent to obtain a release form from the student’s home school system. Failure to obtain the release will be a reason for denial to enter Rockingham County Schools. The release must be obtained annually.**

***For the following section, please refer to Board of Education Policy 4150: School Assignment***

**REASON(S) FOR REQUEST** (continue on back or attach additional pages if needed):





















My signature below certifies that I have completely and accurately answered the information above. Should any of the responses change after completing this form, I will notify the school district immediately. I understand that if there is incorrect information or if I fail to notify the district as prescribed above, it shall result in revocation of assignment. **I further understand that the district is under no obligation to furnish transportation for the student.** Further, it is understood that any attendance or behavior problems shall be sufficient cause to rescind any reassignment which may be granted. Non-employee out of county approved students will be responsible for tuition. **The first semester tuition must be paid in full prior to enrolling. Tuition for second semester must be paid in full on or before January 21st of each school year. Failure to pay full tuition in advance will result in exclusion from all schools in the district.** Out of County applications will be processed after in-district requests for reassignment are finalized.

**High School Athletes – The North Carolina High School Athletic Association requires that a transferring student, after initial entry into the ninth grade and absent of a bona fide move, must sit out 365 days for athletic participation.**

Name of Parent/Legal Guardian (PLEASE PRINT) Signature of Parent/Legal Guardian

**RETURN REQUEST TO:**

**STUDENT ASSIGNMENT OFFICE • Rockingham County Schools • 511 Harrington Hwy. • Eden, NC 27288**

**\*PLEASE NOTE: REASSIGNMENT REQUEST ARE DUE BY 5:00 PM ON MAY 1, 2023.**

**NO APPEAL FOR HEARING WILL BE HONORED IF REQUEST IS NOT RECEIVED BY DEADLINE ABOVE.**



**FOR OFFICE USE ONLY - ACTION TAKEN**

**APPROVED Signature Date**

**Assistant Superintendent of Student Assignment**

**DENIED Note:**

Note: Out-Of-County students will be assigned according to space available. This form must be submitted by May 1 to Rockingham County Schools, 511 Harrington Highway, Eden, North Carolina 27288.

**TRANSPORTATION IS NOT PROVIDED FOR STUDENTS OUT OF COUNTY.**