



ROCKINGHAM COUNTY SCHOOLS APPLICATION FORM FOR REASSIGNMENT WITHIN COUNTY - SCHOOL YEAR 2023-2024

Today's date: _____

PLEASE PRINT: Student's Name _____

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 _____

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.** Once enrolled in a particular school, such school and feeder pattern becomes the student's assigned school unless the parent or guardian requests assignment to a different school using the process described in Part D of this policy. **Further, it is understood that any attendance or behavior problems shall be sufficient cause to rescind any reassignment which may be granted.**

Incomplete forms will not be considered until complete.

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: _____
