



ROCKINGHAM COUNTY SCHOOLS APPLICATION FORM FOR REASSIGNMENT WITHIN COUNTY - SCHOOL YEAR 2024-2025

Today's date: \_\_\_\_\_

PLEASE PRINT: Student's Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Female Male  
Circle One

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

RACE: (Must select at least one)  Black or African American  Asian  White  
 American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander

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

Does this child have special needs?  Yes  No  
If yes, specify: \_\_\_\_\_

SIBLING: Yes No School: \_\_\_\_\_  
If yes, please complete an application for each child.

Name of Parent/Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip 

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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 2023-2024 \_\_\_\_\_ Grade \_\_\_\_\_  
School Currently Attending (if applicable) \_\_\_\_\_ Grade \_\_\_\_\_  
School Reassignment Requested 2024-2025 \_\_\_\_\_ 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):  
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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 RCS Board of Education 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 per Policy 3620: Extracurricular Activities and Student Organizations.**

\_\_\_\_\_  
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, 2024.**

**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: \_\_\_\_\_  
\_\_\_\_\_