



ROCKINGHAM COUNTY SCHOOLS APPLICATION FORM FOR REASSIGNMENT - OUT OF COUNTY - SCHOOL YEAR 2024-25

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 2023-2024 _____ Grade _____

School Currently Attending (if applicable) _____ Grade _____

School Reassignment Requested 2024-2025 _____ 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 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: _____

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.