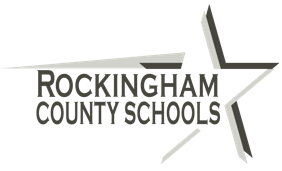
****

**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

Name of Parent/Legal Guardian 

Address City/State Zip

Home Phone ( ) Work Phone ( )

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



**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:**