

## Student Reassignment Application SY2020-21

- Approved
- Denied

**Applications must be submitted to the Office of School Operations between February 1, 2020 and March 1, 2020 to be considered for SY2020-21. Choices of schools must be open relative to enrollment capacity/overcrowding. After March 1, 2020, only Hardship Applications will be accepted for review. Please review the Administrative Guidelines prior to completing the application.**

**Demographic Information:**

Student Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_  
 School of Residence: \_\_\_\_\_ SY2020-21 Grade Level: \_\_\_\_\_  
 Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone/Contacts: (1) \_\_\_\_\_ (2) \_\_\_\_\_

SCHOOL REQUESTED: \_\_\_\_\_

**Type of Reassignment: Parents must choose one (only) from options below**

- 1. REASSIGNMENT (INTRA-DISTRICT) FOR SPECIAL NEEDS STUDENTS (SB10, 2006)
  - Declaration of Student 's Exceptionality: \_\_\_\_\_
  - Declaration of Student 's Service Model : \_\_\_\_\_ (if known)
- 2. CHEROKEE ACADEMY REASSIGNMENT
- 3. REASSIGNMENT FOR CURRICULAR PROGRAMS
  - Declaration of Requested Program: \_\_\_\_\_
- 4. REASSIGNMENT (INTRA-DISTRICT) FOR NON-SPECIAL NEEDS STUDENTS (HB251, 2009)
- 5. HARDSHIP REASSIGNMENT: Declaration of Hardship Reassignment Request
  - Student has physician-documented medical or psychological reasons for changing school locations (Note: The CCSD Medical/Psychological Form must be completed by a licensed physician.)
  - Student is in the highest grade level in their school when a move has taken place
  - Student/parent is currently involved with DFCS removal and/or other state/county action impacting enrollment, and the student is currently in residence outside desired school's boundary
  - Elementary Schools Only:** Parent's workplace or the daycare for a child is in close proximity to the requested school

Work/Daycare: Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Cherokee County School District Employees Only:** (Note: work location must be within the innovation zone of school being requested).

- Parent is a full-time employee of the school being requested.
- Parent is a full-time employee of CCSD.

School/Work Location: \_\_\_\_\_

Parent/Guardian Signature:

I verify that I have read and reviewed the attached CCSD Student Reassignment Administrative Guidelines specific to the issues of (a) eligibility, (b) transportation, (c) length of provisions, (d) athletic eligibility, (e) due dates for submission, and (f) the School Status Chart (Administrative Guidelines Page 5) is open relative to enrollment.

**Note: Applications for Reassignments will only be accepted for review February 1, 2020 through March 1, 2020.**

**After March 1, 2020, only applications for Hardship Reassignments will be accepted for consideration.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*END OF PARENT SECTION\*\*\*\*\*

“RESIDENT” School Review:

CCSD School of Residence: \_\_\_\_\_

Date Received: \_\_\_\_\_

Student in Special Education: Y\_\_\_ N\_\_\_

Comments: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

“REQUESTED” School Review:

CCSD Requested School: \_\_\_\_\_

Date Received: \_\_\_\_\_

Comments: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SPECIAL EDUCATION Review (if applicable):

- Reassignment meets current guidelines concerning placement of students receiving Special Education services.
- Reassignment does not meet current guidelines concerning placement of students receiving Special Education services.

Comments: \_\_\_\_\_

Director/Designee’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DISTRICT DESIGNEE Review:

Designee/Reviewer’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_