

Application for Change in School Assignment

Please complete items marked with an * if employed by Campbell County Schools

*Employee Name _____ School/Job Site _____

*Position _____ Full time employee Yes No

Pre-Application Instructions to Parent: Please read prior to completing and submitting this form.

- School Attendance Area waiver applications will only be considered if there is adequate space in the classrooms of that grade level and if there is caseload capacity for special education.

• Assuming space is available, cases will be **considered for acceptance based on the following four criteria:**

1. Make satisfactory academic progress and academic effort as determined by the principal.
2. Meet the attendance policies of the district including matching the district's average attendance and not exceeding nine unexcused absences in a school year.
3. Behavior is in accordance with the expectations of the Student Code of Acceptable Behavior and Discipline.
4. The parents/guardians are cooperative and supportive in their working relationship with the school.

• **If approved**, this commitment is for one school year and is **subject to the following limitations:**

1. Applications are to be made each school year.
2. Applications must be received by the Superintendent prior to January 31 of any school year.

• **This application may be denied or revoked at any time based on the following:**

1. If enrollment is over State class-size guidelines or Sp. Ed. caseload capacities either at the time of the request **or** if the enrollment goes over these same guidelines during the year.
2. Failure to abide by any of the criteria listed above related to academic effort and performance, attendance, behavior and attitude, and cooperative and supportive relationship with the home. Failure to abide may subject the applicant to return to their original school immediately.
3. **PARENTS MUST PROVIDE TRANSPORTATION.** NOTE: Students must arrive no earlier than 20 minutes before school and be picked up immediately at dismissal time.

Date application filed _____ School Year for which application is made _____

Full name of student _____ Date of birth _____

Grade for which application is made _____ Student ID Number _____

Address of residence _____

Name of parents (or legal guardian) _____

Relationship (If legal guardian) _____

Phone Number Father (home) _____ (work) _____

Phone Number Mother (home) _____ (work) _____

School of residence _____ School presently attending _____

School for which application is made _____

Reason for requesting a transfer (attach additional pages if necessary) _____

We agree to abide by the guidelines and limitations of this transfer request. We understand that false information shall be grounds for refusing the transfer request.

Student Signature Date

Parent/Legal Guardian Signature Date

Please return this completed form to the Superintendent's office, 101 Orchard Lane, Alexandria, KY 41001

Placement is approved or denied (circle one)

Superintendent Signature Date of Review

Review/Revised:10/17/11