

# HAYWOOD COUNTY SCHOOLS PUPIL REASSIGNMENT/ DISCRETIONARY ADMISSION APPLICATION

## ONE FORM REQUIRED FOR EACH STUDENT FOR INITIAL PUPIL REASSIGNMENT

### & REPEATED AT SCHOOL-LEVEL TRANSITIONS (5<sup>TH</sup> to 6<sup>TH</sup>, 8<sup>TH</sup> to 9<sup>TH</sup>)

*TO ENSURE APPROPRIATE PLACEMENT, ALL REQUESTS ARE TO BE SUBMITTED BY JUNE 30<sup>TH</sup>. LATE REQUESTS WILL BE HANDLED ON A CASE BY CASE BASIS.*

**STEP 1- SCHOOL YEAR APPLYING FOR** \_\_\_\_\_ **GRADE STUDENT IS ENTERING** \_\_\_\_\_

**STEP 2- CHOOSE ONE ADMISSION/RELEASE:**

**A) Release from a Haywood County School for Admission to Another Haywood County School.**

Parent/Guardian must obtain approval from:  
Releasing Principal **AND** Receiving Principal.

**B) Release from Haywood County Schools to another school system.**

Parent/Guardian must obtain approval from:  
Releasing Principal **ONLY.**

**C) Admission into Haywood County Schools from another school system.**

Parent/Guardian must obtain:  
Releasing District Documentation **AND** Receiving Principal Approval.

**STEP 3- CHOOSE ONE REASON:**

- Work Proximity \_\_\_\_\_ / \_\_\_\_\_  
Employee Name Place of Work
- Employed by another School System \_\_\_\_\_  
Name of School System
- Childcare Proximity \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name of Childcare Location Address Phone #
- Current HCS Employee \_\_\_\_\_ / \_\_\_\_\_  
Employee Name School Name
- Other- Situation that is unique and does not apply to other students. (attach information as needed) \_\_\_\_\_

**STEP 4- TRANSITION PLACEMENT (5<sup>th</sup> to 6<sup>th</sup>, 8<sup>th</sup> to 9<sup>th</sup>) Is your student continuing the current high school feeder path?** \_\_\_ Yes \_\_\_ No

**STEP 5- STUDENT AND FAMILY INFORMATION- PLEASE PRINT**

STUDENT INFORMATION	LEGAL GUARDIAN INFORMATION	LEGAL GUARDIAN INFORMATION
First Name:	First Name:	First Name:
Last Name:	Last Name:	Last Name:
Address:	Address:	Address:
City, State, Zip:	City, State, Zip:	City, State, Zip:
	Phone #:	Phone #:

My signature verifies that I have read and accepted the policy guidelines governing this request. I certify that all information provided is true. Falsification of information will result in denial or revocation of the student's Pupil Reassignment/Discretionary Admissions. I understand that Policy 4130 is available on the district website, at all Haywood County Schools, and at Central Office. I understand that all Pupil Reassignments and Discretionary Admissions are contingent upon classroom size and school space, discipline, and attendance.

\_\_\_\_\_  
Signature of Parent/Legal Guardian Date

Student Athlete (6<sup>th</sup>-12<sup>th</sup>)?  Yes  No If YES, please contact your school's Athletic Director for determination of eligibility. (Reference Policy 3620)

**STEP 6- PARENT/GUARDIAN MUST OBTAIN RELEASING SIGNATURE- RELEASING SCHOOL:** \_\_\_\_\_

Approved  Not Approved Releasing Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STEP 7- PARENT/GUARDIAN MUST OBTAIN PRINCIPAL'S RECEIVING SIGNATURE- RECEIVING SCHOOL:** \_\_\_\_\_

Approved  Not Approved Receiving Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A copy of the completed request will be provided to the parent by the receiving principal. A copy should be filed at the HCS Central Office. Requests must be approved by the releasing **and** receiving schools. If denied, appeal requests to the Board of Education may be submitted in writing to the Superintendent at 1230 North Main Street Waynesville NC, 28786.