

HAYWOOD COUNTY SCHOOLS PUPIL REASSIGNMENT/ DISCRETIONARY ADMISSION APPLICATION

ONE FORM REQUIRED FOR EACH STUDENT FOR INITIAL PUPIL REASSIGNMENT

& REPEATED AT SCHOOL-LEVEL TRANSITIONS (5TH to 6TH, 8TH to 9TH)

TO ENSURE APPROPRIATE PLACEMENT, ALL REQUESTS ARE TO BE SUBMITTED BY JUNE 30TH. 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 (5th to 6th, 8th to 9th) 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.

_____ Date
Signature of Parent/Legal Guardian

Student Athlete (6th-12th)? 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 1233 North Main Street Waynesville NC, 28786.