

Application for Change in School Assignment

Form to be used by **resident students** requesting enrollment in a District school **outside** their attendance area/zone.

Student's Name _____
Last First Middle

Home Address _____
City State Zip

Home Phone # _____ Cell Phone # _____

Current School Attendance Area Bonnieville Cub Run LeGrande Memorial Munfordville

Requested School Bonnieville Cub Run LeGrande Memorial Munfordville

Date of Request: _____ **For School Year** _____ Grade _____

State the reason for requesting this change in assignment: If request is based on hardship, give full details of the hardship. _____

NOTICE

- 1. Transfers involving athletics will be in accordance with Kentucky High School Athletic Association (KHSAA) By-Laws.

I UNDERSTAND THAT, IF APPROVED, THIS CHANGE IN ASSIGNMENT WILL BE GRANTED FOR ONLY ONE (1) SCHOOL YEAR. I FURTHER UNDERSTAND THAT TRANSPORTATION IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN, WITH THE EXCEPTION OF STUDENTS THAT MAY BE TRANSPORTED FROM AN IDENTIFIED PICKUP LOCATION IF THEIR CONTINUED ENROLLMENT BASED ON NCLB REGULATIONS IS GRANTED AFTER THEIR ORIGINAL SCHOOL IS NO LONGER SUBJECT TO NCLB CONSEQUENCES.

Parent/Guardian's Signature Date

At the school level, this application has been approved disapproved, reason _____

Principal's Signature Date

To be completed by Central Office Personnel

Application Approved Disapproved Date _____
Parent contacted Yes No Date _____
Present School Contacted Yes No Date _____
Requested School Contacted Yes No Date _____
Professional recommendation, if required _____

Superintendent/Designee's Signature Date