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**ROCKINGHAM COUNTY SCHOOLS APPLICATION INTENT FORM FOR REASSIGNMENT WITHIN COUNTY** - **SCHOOL YEAR 2019-2020**

**Today’s date:**

**PLEASE PRINT**: Student’s Name

If the student is currently enrolled in Rockingham County Schools, place the RCS student ID number here:

  African-American  Asian  Caucasian

  Hispanic  Native American  Multiracial

**Age**\_\_\_\_**\_\_\_** Date **of Birth** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Gender**:** *Female Male*

 Circle One

**ETHNICITY:** (Must select one) [ ]  Hispanic/Latino [ ]  Not Hispanic/Latino

Does this child have special needs? Yes No

If yes, specify:

**RACE:** (Must select at least one) [ ]  Black or African American [ ]  Asian [ ]  White

 [ ]  American Indian or Alaska Native [ ]  Native Hawaiian or Other Pacific Islander

**SIBLING:**  Yes  No **School:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If yes, please complete an application for each child.**

Name of Parent/Legal Guardian

Address City/State Zip

Home Phone ( ) Work Phone ( )

**Name of School Attendance Zone in which student lives:**

**Are you a RCS employee? Yes No**

**If so, list position:**

**Job location:**

**Section A: Declaration of intent for the upcoming school year:**

**Was your child approved for a Transfer for the 2018-19 school year: Yes No**

School Attended 2018-2019 Grade

Intent to return to this school for 2019-2020 school year: **Yes** **No**  Grade \_\_\_\_\_\_\_\_\_

**Section B: Complete only if requesting a reassignment to a school other than the school in which you are currently enrolled:**

School Attended 2018-2019 Grade

School Currently Attending (if applicable) Grade

School Reassignment Requested Grade

***For the following section, please refer to Board of Education Policy 4150: School Assignment***

**REASON(S) FOR REQUEST** (continue on back or attach additional pages if needed):

My signature below certifies that I have completely and accurately answered the information above. Should any of the responses change after completing this form, I will notify the school district immediately. I understand that if there is incorrect information or if I fail to notify the district as prescribed above, it shall result in revocation of assignment**. I further understand that the district is under no obligation to furnish transportation for the student**. **I also understand this application intent form must be resubmitted annually (Section A only for returning students)**. Further, it is understood that any attendance or behavior problems shall be sufficient cause to rescind any reassignment which may be granted**.**

**Incomplete forms will not be considered until complete.**

**High School Athletes – The North Carolina High School Athletic Association requires that a transferring student, after initial entry into the ninth grade and absent of a bona fide move, must sit out 365 days for athletic participation.**

Name of Parent/Legal Guardian (PLEASE PRINT) Signature of Parent/Legal Guardian

**RETURN REQUEST TO:**

**STUDENT ASSIGNMENT OFFICE • Rockingham County Schools • 511 Harrington Hwy. • Eden, NC 27288**

**\*PLEASE NOTE: REASSIGNMENT REQUEST MUST BE RECEIVED BY 5:00 PM ON MAY 1, 2019.**

**NO APPEAL FOR HEARING WILL BE HONORED IF REQUEST IS NOT RECEIVED BY DEADLINE ABOVE.**

**FOR OFFICE USE ONLY - ACTION TAKEN**

 **APPROVED Signature Date**

 **Assistant Superintendent of Student Assignment**

 **DENIED Note:**