

COLUMBUS COUNTY SCHOOLS
NEW Request for Student Reassignment

Student's Full Name _____

Grade School Year 2017-2018 _____

Request: I request the Columbus County Board of Education to act upon the request designated below (check one) for the **2017-2018 school year**:

_____ ACCEPT child as student at _____ School
from _____ School Unit.
(Out-of-County System and/or Out-of-State System)

_____ RELEASE child to attend _____ School
(Out-of-County System and/or Out-of-State System)
from _____ School in Columbus County.

_____ TRANSFER child to _____ School
from _____ School within the Columbus County School Unit.

REASON for above request: _____

*Please **print** parent's name, 911 address, P.O. Box (if applicable), city, state, and zip.*

Parent's Signature _____ Parent's Name _____

Telephone Number (____) _____ 911 Address _____

Date _____ P.O. Box _____

City, State, Zip _____

Once a student's initial **admission request** is approved by the board of education, that student is considered to be "grandfathered." **Grandfathered students' will automatically receive a letter of admission in subsequent consecutive years**, so long as the students continue to meet all admission criteria and remain in good standing in terms of academics, discipline and other measures of standing and progress in the school system. Grandfathered students do not have to complete a new request for admission after the initial request. The superintendent shall automatically handle grandfathered students renewals, and board approval will not be required. **Transportation will not be provided out of district.**

Effective with the 2013-2014 school year, kindergarten through eleventh grade students previously **released to attend school outside the Columbus County Administrative Unit** ("grandfathered students") will automatically receive a letter of release in subsequent consecutive years. **Transportation will not be provided out of district.**

On or before July 31, 2017, the board of education shall take official action on new requests for student reassignments. A copy of this form shall be mailed to you regarding their decision. Should you have any questions, please do not hesitate to call 910-642-5168 extension 24049.

If this request is granted, the Superintendent will sign the FINAL APPROVAL section of this form and you will receive a copy. If final approval is not given, you will be notified by letter.

ACTION WAS TAKEN ON THIS REQUEST AT THE _____ BOARD MEETING.

APPROVED: _____ NOT APPROVED: _____

FINAL APPROVAL _____
(Superintendent, Columbus County Schools) (Date)