

FOR SCHOOL USE ONLY

Date Received \_\_\_\_\_

Time Received \_\_\_\_\_

Received By \_\_\_\_\_

GREENVILLE COUNTY SCHOOLS

REQUEST FOR CHANGE IN ASSIGNMENT  
2011-2012 SCHOOL YEAR

Geocode \_\_\_\_\_

Student's Full Name (Print) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Current Residence Address \_\_\_\_\_

Street / Apt. No.

Telephone

City

Zip

NAME OF SUBDIVISION OR APT. COMPLEX

Most Recent School Attended \_\_\_\_\_

Grade

Assigned School for 2011-2012 (Homebase school):

Name of School

Grade

Request is hereby made for a change in assignment to:

Name of School

Grade

Reason for request: (Please complete information on back of form.)

Is child enrolled in any special education program? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, indicate **Special Education Class** (type/model) \_\_\_\_\_

**If approved, I will provide transportation to and from school. Should any of these conditions change, this assignment will be subject to review. I am also aware that this assignment may render my child ineligible for athletic participation for one calendar year. For exceptions to this, I must contact the Athletic Director at the new school or the District Athletic Director.**

Signature of Parent or Guardian

(Print Name)

Date

Complete Mailing Address of Parent or Guardian (if different from residence address)

E-Mail Address \_\_\_\_\_

PLEASE RETURN TO THE PRINCIPAL OF THE SCHOOL REQUESTED

Request approved \_\_\_\_\_ Request denied \_\_\_\_\_

(Reason for denial) \_\_\_\_\_

Principal

Date

Student assignment letters for the 2011-2012 school year will be distributed to students in April, 2011. If your request was approved, the assignment letter will reflect the school requested. If your request was not approved, the assignment letter will indicate your child's homebased school.

All questions and/or appeals should be made to the Coordinator of Student Assignment at (864) 355-7266 or e-mail at [planning@greenville.k12.sc.us](mailto:planning@greenville.k12.sc.us)

(Please Complete Back of Form)

**SUPPLEMENTARY INFORMATION REGARDING REASSIGNMENT REQUEST  
2011-2012 SCHOOL YEAR**

**Student** \_\_\_\_\_

**Name of Mother** \_\_\_\_\_

**Employed by** \_\_\_\_\_  
**Company**

**Business Address** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Hours Employed:**  
**From** \_\_\_\_\_ **To** \_\_\_\_\_

**Name of Father** \_\_\_\_\_

**Employed by** \_\_\_\_\_  
**Company**

**Business Address** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Hours Employed:**  
**From** \_\_\_\_\_ **To** \_\_\_\_\_

**Name of person or daycare providing supervision before or after school:**

\_\_\_\_\_  
**Name (Please Print)**

\_\_\_\_\_  
**Address** **Telephone**