

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

(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**