



Watauga County Schools

175 Pioneer Trail | Boone, NC 28607 | Telephone: (828) 264-7190 | Fax: (828) 264-7196

2018-2019

Request for In-County Reassignment

Applications for the 2018-2019 academic year will be accepted April 1 through May 15 of 2018

- An application must be completed for **each** child requesting reassignment.
- Proof of residence (domicile) based on a 911 address must be provided with application. **(2 documents required)** (i.e., copy of utility bill, lease agreement, 2017 tax form, driver's license and car registration).
- The reason for the request must be written on the back of this application.
- Applications and all additional documentation should be mailed or delivered to the Principal of the school district (domicile).
- Students requesting reassignment must be in good standing with their current school, demonstrating good behavior, academic achievement, and attendance as outlined below.
- **If approved, transportation to and from requested school will be the responsibility of the parent or guardian.**

Student Info: _____
(Last) (First) (Middle) (Age) (DOB)

Parent/Legal Guardian: _____ / _____
(Last) (First) (Email Address)

Address of Domicile: _____
(Road or Street Name and Number – No Post Office Box) (County of Domicile) (State) (Zip Code)

Mailing Address: _____
(Address) (City) (Zip Code)

Residence Phone: _____ Business Phone: _____ Cell Phone: _____

Current Grade: _____ Previous Request in Watauga County for Reassignment Yes ___ Date _____ No ___

Current school attending or last attended: _____
(School Name) (School System)

School Assignment Requested: _____ Grade Requested: _____

Is student receiving Exceptional Children Services at his/her current school? (Please Circle) Yes No

If yes, please state which services: _____

List all sibling(s) their name(s), grade(s), where they attend school, and if they have ever been reassigned from their home district:
(Name) (Grade) (School) (Date of previous reassignment)

I, the undersigned, certify that the above information is true to the best of my knowledge and belief. I understand and agree that if, at any time, any of this information is found untrue, the reassignment may be cancelled. In accordance with Watauga Board of Education Policy numbers 4120, 4150, 4150-R, I further understand and agree that my child(ren) will follow all behavior, academic, and attendance policies as established by the receiving school. Failure to follow these policies may result in cancellation of the reassignment by the Board of Education.

Parent/Legal Guardian Signature: _____
(Date)

