



Watauga County Schools

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

2018-2019

Request for Reassignment from Outside School District

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.
- Must provide a written release from the Board of Education of the county of domicile.
- Proof of residence of domicile 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)
- Please submit a copy of student's most recent report card (except first time Kindergarten)
- **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 requested school.
- Students requesting reassignment must be in good standing with their current school, demonstrating good behavior, academic achievement, and attendance.
- **If approved, transportation to and from requested school is the responsibility of the parent or guardian.**
- Tuition is based on local Board of County Commissioners per pupil allocation for current expense for in-state out of district and WCS per pupil current expense expenditure (State + Federal + Local) for out of state. Payment may be made in two installments, ten days prior to the beginning of each semester. Call Student Services Director at 828.264.7190 for tuition rates.

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

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

Address of Residence: _____
(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 submit a copy of student's IEP with the application)

Is the student currently suspended or expelled from a public, private, parochial, or charter school? __YES __NO
(If yes, please attach a letter explaining the circumstances).

Has the student been suspended from any school for his/her involvement at any level with drugs, weapons, violence, bullying, or making threats? _____YES _____NO (If yes, please attach a letter explaining the circumstances).

Has the student experienced court involvement as a result of his/her involvement with drugs, weapons, violence, bullying, making threats or other disruptive behavior relative to the school setting? _____YES _____NO
(If yes, please attach a letter of explanation).

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 number 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)

