

FOR SCHOOL USE ONLY

Date Received _____

Time Received _____

Received By _____

GREENVILLE COUNTY SCHOOLS

REQUEST FOR CHANGE IN ASSIGNMENT 2016-17 School Year

Geocode _____

Name of Student _____

Date of Birth _____

Residence Address _____
Street / Apt. Number Telephone

City

Zip

NAME OF SUBDIVISION OR APT. COMPLEX

Last School Attended _____ Grade _____

Assigned School for 2016-17 (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. For Middle and High students, I understand the change in assignment may render my child ineligible for interscholastic athletic participation for one calendar year. Contact the District Director of Athletics at 355-3987 regarding athletic eligibility (see note on reverse side of this page).

Signature of Parent or Guardian

Date

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

PLEASE RETURN TO THE PRINCIPAL OF THE SCHOOL REQUESTED

Request approved _____

Request denied _____

Principal

Date

Student assignment letters for the **2016-17** school year will be distributed to students in **April, 2016**. 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 home-based school.

All questions and/or appeals should be made to **Ed Coles, Coordinator of Student Assignment**, at (864)355-7266 or email at planning@greenville.k12.sc.us.

SUPPLEMENTARY INFORMATION REGARDING REASSIGNMENT REQUEST
2016-17 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

Address

Telephone

***NOTE: Possibility of losing athletic eligibility when changing school assignments:**

When transferring from one school to another within the school district without a change of address may render a middle or high school student ineligible for athletic competition for one calendar year. When doing so to enter a magnet program or a “freedom-of-choice” school, the student **WILL BE ELIGIBLE** for interscholastic athletic competition if, and only if:

1. He/She enters school on the first day of the new school year **AND**,
2. He/She is entering the 7th grade OR 9th grade.

Students transferring from one school to another within the school district without a change of address **WILL NOT BE ELIGIBLE** for interscholastic athletic competition for one calendar year if the transfer is:

1. Anytime after the first day of his/her 7th or 9th grade year **OR**,
2. If transferring in the 8th, 10th, 11th, or 12th grade.