



Office of Student Assignment

511 Cleveland Street – Durham, NC 27701

Phone: 919.560.2059 Fax: 919.560.2414

Please read Policy #4132.7 before completing this application

Student's Name: _____
First Middle Last

Expected Grade
Level for 2017-2018: _____ Date of Birth: _____ Age: _____ Gender: ___M ___F

Address: _____
Street Apt # City State Zip

Race (please check): ___Hispanic or Latino ___Am. Indian ___Asian ___Black or African American
___Native Hawaiian or Pacific Islander ___White ___Multi-Racial

Current School (or School Last Attended): _____

Base School Assignment for 2018-2019*: _____

*Policy 4132.7.... The Superintendent or designee may grant a transfer request to a student wishing to leave a special assignment to attend the base school.

Does this student receive services for Exceptional Children (EC)?
___ Yes ___ No

If yes, in what setting? ___Resource ___Separate

Primary EC Area
___LD ___SED/BED ___ID/EMD ___MU ___HI ___VI ___AU other (_____)

Name of Parent/Guardian:(please print) _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Preferred Language: _____ Email Address: _____

Your transfer request will be approved or denied based on Policy #4132.7 and the information you provide on and with this application. Please answer the following questions thoroughly, and include any information that might have an impact on the decision.

Please continue on the reverse side.

For Office Use Only

Decision _____ Date _____
Effective _____ By _____

All requests to transfer from Special Assignments will be processed as late transfer applications and will be considered only under extenuating circumstances. Such circumstances include an unanticipated and significant change in the student's status occurring after the transfer deadline or other circumstances outside the parent's/ legal guardian's control that prevented them from meeting the deadline. (Being unaware of the deadline is not considered an extenuating circumstance.)

Is your request to transfer related to a substantial hardship? ___Yes ___No if yes, please describe your extenuating circumstance below. (Please attach any documentation that supports your claim of hardship).

Are there childcare issues that impact this transfer request? ___ Yes ___No if yes, please explain (Provide name, address and phone number of child care provider, if applicable).

Please provide any additional information that may help us to understand further your request for a transfer (You may attach supporting information to this application). Check here if attachments are included.

I hereby affirm that the information provided on and with this application is true and complete to the best of my knowledge. I understand that falsification or significant omissions may disqualify this application from further consideration or result in a revocation of an approved transfer.

Signature of (Check One): ___Parent ___Legal Guardian/Custodian*

Date

*If you are the legal guardian/custodian, please attach a copy of the court ordered custody agreement.
