



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 2019-2020: _____ 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 2019-2020*: _____

*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.
