

AVERY COUNTY SCHOOLS
775 Cranberry Street, Newland, N.C. 28657
828.733.6006
828.733.8943 (fax)

APPLICATION FOR PUPIL ASSIGNMENT
Out of District – Within County

This application must be submitted and considered annually based on the following priorities: 1) space availability, 2) service availability, and 3) prior attendance, tardies, behavior, and academic performance.

Date: _____

Name of Student: _____

Date of Student's Birth: _____ Age: _____ Present Grade: _____

Father's Name: _____

Address: _____

Phone: _____ Emergency Phone: _____

Mother's Name: _____

Address: _____

Phone: _____ Emergency Phone: _____

Name of Person/Entity with Legal Custody
(by Court Decree) Other Than Parent: _____

Copy of Court Decree Must Be Attached

Address: _____

Phone: _____ Emergency Phone: _____

With Whom Does the Student Reside?: _____

Relationship: _____

Last School Student Attended: (School) _____

(City/State) _____

SCHOOL TO WHICH CHILD HAS BEEN ASSIGNED: _____

SCHOOL TO WHICH REASSIGNMENT IS REQUESTED: _____

COUNTY: _____

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STUDENT NAME: _____

List names of any brothers or sisters now attending Avery County Public Schools and the name of school each child attends:

<u>NAME</u>	<u>SCHOOL</u>
_____	_____
_____	_____
_____	_____
_____	_____

State specific reason(s) for the request for assignment of the student to a school outside the district in which the student is domicile:

(Attach additional sheets if necessary.)

SIGNATURE OF APPLICANT(S)

Mother's Signature: _____

Father's Signature: _____

WITHOUT COPY OF COURT DECREE (WHEN APPLICABLE) THIS APPLICATION WILL BE DENIED.

Person /Entity Having Legal Custody
(by Court Decree) Other Than Parent Signature: _____

DO NOT WRITE BELOW THIS LINE

APPROVED _____ **DATE:** _____

STIPULATION OF APPROVAL:

Parents are required to provide transportation for students attending school out of assigned district.

This approval is contingent upon class size and available space in the school in which request for reassignment is being made.

DENIED _____ **DATE:** _____