

Reassignment Application-School Year 2015-16

REQUEST FOR RELEASE FROM HENDERSON COUNTY PUBLIC SCHOOLS TO GO TO ANOTHER SCHOOL DISTRICT RELEASE – TO ANOTHER COUNTY

- Applications for the 2015-16 school year will be accepted beginning April 1st.
- An application must be completed for each child requesting a release.
- Applications should be mailed or delivered the office of:

Bo Caldwell, Assistant Superintendent Henderson County Public Schools 414 Fourth Avenue West Hendersonville, NC 28739

• It is necessary to complete "RELEASE TO ANOTHER COUNTY" application(s) annually for student(s) who reside in Henderson County and wish to attend a school in another school district.

Student's Name:					
	(Last)	(First)		(Middle)	
Parent/Legal Guardian: _					
	(Last)	(First)		(Middle)	
Mailing Address:	(Street Address)			/m· C-1-\	
	, ,	(City)		(Zip Code)	
Location of Home:	(Road or Street Nam	ne and Number - No Post Office Bo	<u></u>	(County)	
Dacidance Phone:		isiness Phone:			
Grade in 2015-16:	Home S	School District:			
Current school attending of	Current school attending or last attended:				
		·	(School System)		
School assignment request	ted:				
Is your child receiving Exceptional Children services at their current school? (Please Circle) YES NO					
If yes, please state which s	ervices:				
If high school, list any high	h school sports particip	pated in during the preceding year	::		
Please state the reason for	your request:				
Parent/Legal Guardian Si	gnature:		Date:		
For Office Use Only					
		ed Grade Assig			