Reassignment Application-School Year 2024-25

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

- Applications for the 2024-25 school year will be accepted beginning February 1st.
- An application must be completed for each child requesting a release.
- Applications should be mailed, emailed, faxed or delivered to the office of:

Administrative Services
Henderson County Public Schools
414 Fourth Avenue West
Hendersonville, NC 28739
Email: emglynn@hcpsnc.org
Fax Number: (828) 697-5541

- 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. The application will go before the Henderson County School Board for approval. The board meetings are the second Monday each month with no board meeting in July. Applications received must be received before noon the Friday prior to the board meeting.
- Please contact Liz Glynn at (828) 697-4733 with any questions.

Student's Name:				
 -	(Last)	(First)		(Middle)
Parent/Legal Guardian	:			
	(Last)	(First)		(Middle)
Mailing Address:	(6: (411)	(6':)		(C) (C) (1)
	(Street Address)	(City)		(Zip Code)
Location of Home:	Location of Home:			
		••		(County)
Residence Phone:	Business Ph	Business Phone: Cell Phone:		
Grade in 2024-25:	Home School Di	strict:		
Current school attending	ng or last attended:			
	ng or last attended:(School	Name)	(School System)	
School assignment requ	iested:			
Is your child receiving I	Exceptional Children services at th	neir current school? (Please	e Circle) YES	NO
If yes, please state which	h services:			
If high school, list any h	nigh school sports participated in d	uring the preceding year:_		
	for your request:			
Parent/Legal Guardian Signature: Date:				
		For Office Use Only		
	Approved Denied	Grade Assign n	nent # Date _	