



**REQUEST FOR REASSIGNMENT BETWEEN SCHOOLS IN HENDERSON COUNTY
ACCEPTANCE - INTERNAL**

- *Applications will be accepted from April 1 through April 30 for first semester and October 1 through October 31 for second semester.*
- *An application must be completed for each child requesting reassignment.*
- *Applications should be mailed or delivered to the requested school to the attention of the Principal.*
- *Students requesting reassignments must be in good standing with their previous school, demonstrating good attendance and good behavior.*
- *A student who transfers from one high school to another high school forfeits for one year, eligibility in any sport in which the student was on the eligibility roster at their former school during the preceding year.*
- **Transportation to and from the requested school is the responsibility of the parent or legal guardian.*

Student's Name: _____
(Last) (First) (Middle)

Parent/Legal Guardian: _____
(Last) (First) (Middle)

Mailing Address: _____
(Street Address) (City) (Zip Code)

Location of Home: _____
(Road or Street Name and Number - No Post Office Box) (County)

Residence Phone: _____ Business Phone: _____ Cell Phone: _____

Grade in 2025-26: _____ Home School District: _____

Current school attending or last attended: _____
(School Name) (School System)

School assignment requested: _____

**If you: 1) live in the Bruce Drysdale Elementary district, and 2) are seeking reassignment into Hendersonville Elementary, and 3) would like to have bus transportation to and from HES, (Please Circle) YES*

Is your child receiving Exceptional Children services at their current school? (Please Circle) YES ☐ NO ☐

If yes, please state which services: _____

If high school, list any high school sports participated in during the preceding year: _____

List the name(s) and grade(s) of any sibling(s) and where they attend school:
(Name) (Grade) (School)

If parent(s) is (are) employed with Henderson County Public Schools, please indicate location: _____

Please state the reason for your request: _____

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Email: _____

For Office Use Only

Approved _____ Denied _____ Grade _____ Assignment # _____ Date _____