HENDERSON COUNTY PUBLIC SCHOOLS

Reassignment Application - School Year 2026-27

REQUEST FOR RELEASE FROM HENDERSON COUNTY PUBLIC SCHOOLS

RELEASE – TO ANOTHER COUNTY

- ***Applications for the 2026-27 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 must be received before noon the Friday prior to the board meeting. Go to https://www.hendersoncountypublicschoolsnc.org/administrative-services/reassignment/ for specific due dates.***
- ***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: _____
(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 2026-27: _____ **Home School District:** _____

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

School assignment requested: _____

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: _____
_____

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* _____

"It is the policy of the Henderson County Public School System not to discriminate on the basis of race, ethnic origin, sex or disability in its educational programs, activities, or employment policies."