

**CHEROKEE COUNTY SCHOOL DISTRICT**  
**Student Transfer/Reassignment Request Form, SY2017-18**

|                          |          |
|--------------------------|----------|
| <input type="checkbox"/> | Approved |
| <input type="checkbox"/> | Denied   |

**Section I: DEMOGRAPHIC INFORMATION To Be Completed by Parent**

**A. DEMOGRAPHICS**

Student Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_  
School of Residence: \_\_\_\_\_ SY2017-18 Grade Level: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone/Contacts: (1) \_\_\_\_\_ (2) \_\_\_\_\_

**B. DECLARATION OF SCHOOL CHOICE**

SCHOOL REQUESTED \_\_\_\_\_

**C. CONDITIONS FOR TRANSFER/REASSIGNMENT**

- (1) Due Dates: Application must be submitted to the Office of School Operations between February 1<sup>st</sup> and March 1<sup>st</sup> (2017) to be considered for SY2017-18.
- (2) Choice Availability: Choices of schools must be open relative to enrollment capacity/overcrowding.

**D. TYPE OF REASSIGNMENT OR TRANSFER—Parents must choose one (only) from options listed below**

1. **TRANSFER (INTRA-DISTRICT) FOR SPECIAL NEEDS STUDENTS (SB10, 2006)**
- Declaration of Student's Exceptionality: \_\_\_\_\_
- Declaration of Student's Service Model: \_\_\_\_\_ (if known)
2. **TRANSFER (INTRA-DISTRICT) FOR NON-SPECIAL NEEDS STUDENTS (HB251, 2009)**
3. **TRANSFERS FOR CURRICULAR PROGRAMS**
- Declaration of Requested Program: \_\_\_\_\_
4. **TRANSFERS FOR NCLB-RELATED SCHOOL CHOICE OPPORTUNITIES**
- There are NO School Choice Transfers required of CCSD schools for SY2017-18—For this school year, this is not an approved student transfer option.
5. **HARDSHIP REASSIGNMENT: Declaration of Hardship Reassignment Request**
- Student has physician-documented medical or psychological reasons for changing school locations. Note: The CCSD medical/Psychological Form must be completed by a licensed physician.
- Student is in twelfth grade, but desires to graduate from last semester's school location.
- Student/parent is currently involved with DFCS removal and/or other state/county action impacting enrollment, and the student is currently in residence outside desired school's boundary.
- Parent's workplace or the daycare for a child is in close proximity to the requested school. (Note: Provisions apply only to Elementary Schools and all requests must be accompanied by a letter of explanation)
- CCSD EMPLOYEES ONLY: Parent is a full-time employee of the school being requested.
- CCSD EMPLOYEES ONLY: Parent is a full-time employee of CCSD and the work location is within innovation zone of school being requested.
- School/Work location: \_\_\_\_\_

**E. PARENT/GUARDIAN SIGNATURE**

I verify that I have read and reviewed the attached CCSD Student Transfer and Reassignment Administrative Guidelines specific to the issues of (a) eligibility, (b) transportation, (c) length of provisions, (d) athletic eligibility, (e) due dates for submission, and (f) the School Status chart (indicates capacity status of all schools).

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\* *END OF PARENT SECTION* \*\*\*\*\*

**Section II: "RESIDENT" SCHOOL REVIEW**

CCSD School of Residence \_\_\_\_\_

- Request does not meet BOE policy guidelines
- Student in Special Education: Y\_\_\_ N\_\_\_ If yes, indicate category: \_\_\_\_\_
  - ◆ If answering yes, forward this form directly to the Department of Special Education
  - ◆ If answering no, forward this form to the Principal of the Receiving School.
  - ◆ Comments: \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section III: SPECIAL EDUCATION REVIEW (if applicable)**

- Request meets current guidelines concerning placement of students receiving Special Education services.
- Request does not meet current guidelines concerning placement of students receiving Special Education services.
- Comments: \_\_\_\_\_

Director/Designee's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section IV: "REQUESTED" SCHOOL REVIEW**

CCSD Requested School \_\_\_\_\_

- Request does not meet BOE policy guidelines/Over capacity
- Comments: \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section V: DISTRICT DESIGNEE REVIEW**

Designee/Reviewer's Signature \_\_\_\_\_ Date \_\_\_\_\_