

**CHEROKEE COUNTY SCHOOL DISTRICT**  
**Medical or Psychological Hardship Information Form, SY2016-17**

**Name of Student:** \_\_\_\_\_

Current CCSD student reassignment guidelines outline that unless there is an extraordinary hardship such as a documented medical, emotional or psychological reason, the Superintendent (or designee) shall not grant a reassignment into an overcrowded school. For purposes of having a student reassignment request considered on the basis of a medical, emotional or psychological reason, **the student/parent requesting the reassignment must have the information below completed by a licensed physician:**

1. What is this patient's current medical, emotional or psychological diagnosis?

\_\_\_\_\_  
\_\_\_\_\_

2. Are you currently treating this patient for this condition? YES or NO

3. Please describe this patient's current treatment plan?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. In your professional opinion, how will this student's reassignment accomplish current treatment goals?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. In your professional opinion, do you think a reassignment from his/her resident school will have a significant, positive impact on this student's treatment goals/plan? YES or NO

6. Should we contact you for any further information regarding this request for information? YES or NO

- If "YES", please provide your contact number: \_\_\_\_\_

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<p>_____ <i>Physician's Signature</i></p>	<p>_____ <i>Name of Practice</i></p>
<p>_____ <i>Physician's Name (Printed)</i></p>	<p>_____ <i>Date</i></p>