

DICKSON COUNTY SCHOOLS – REQUEST FOR STUDENT REASSIGNMENT
Policy 6.205

Request for school year _____
****Requests must be approved annually****

Student Name _____

911 Address _____

Contact Number(s) _____

Student's age _____ Grade _____

School assigned by virtue of residence

School to which reassignment is requested

Reason for request

I understand that the above request will be considered on the basis of available space in the school requested and I will be notified within two weeks of the beginning of school if the request is granted. I further understand that I must provide private transportation for my child and that no access to school system transportation will be provided. I further understand that my child may be denied the privilege of attendance in the requested school should behavior or attendance be unacceptable. I also agree to maintain a positive and proactive relationship with staff.

Parent's signature Date

Official receiving request Date

FOR OFFICE USE ONLY

Action Taken: ___ Granted ___ Denied

Date _____

Parent Notified: ___ Yes ___ No

Date _____

Principal's Signature

Board Policy 6.205 Student Assignment

Assuming that space is available, principals shall use the following when determining eligibility for accepting student from out of zone:

- Students of actively employed faculty/staff;
- Safe and Drug Free Schools Act;
- McKinney-Vento Homeless Education Act;
- Required accommodations for IDEA identified students (determined by SPED Staff);
- Students pursuing a high school course of study not offered in another county school;
- Recommendation initiated by the District Administration determined to be in the best interest of the student.

The following are examples of **invalid** reasons for Principal's to accept students from out of zone:

- Child care
- Convenience of proximity to work
- Participation in extracurricular activities
- Property/Business ownership
- Anticipated relocations

*Students shall remain in the zoned school until a final decision is made.

Principals, send a copy to Grade Level Director.

Appeal: granted / denied

Signature Date