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June 1, 2011

Dear Parent/Guardian:

By completing the attached form, *Application for Change in School Assignment*, you are expressing your desire for your child to attend a school outside your assigned area for the 2011-2012 academic year. It is important to note that completing this form is **not an approval**. The “in district” student numbers will be reviewed and you will be notified if there is room for your student at the school/grade level you are requesting. If approved, you are responsible for transportation to and from school. If attendance and/or discipline issues arise, you will be notified that your son/daughter is being withdrawn from your requested school and enrolled in your assigned district school.

Please return the completed form to the Director of Student Support Services and Accountability located at the Clark County Board of Education offices on Lexington Ave. Also note that if approved, this request is for the 2011-2012 school year only. This process must be completed on an annual basis. If you have questions concerning this procedure, please feel free to contact me at 744-4545.

Respectfully,

*Barbara Disney*

Barbara Disney, Director  
Student Support Services and Accountability

**Application for Change in School Assignment**

Form to be used by resident students requesting assignment to a District school outside their attendance area/zone.

Student's Name \_\_\_\_\_  
*Last First Middle Initial*

Home Address \_\_\_\_\_ Phone # \_\_\_\_\_

Present School \_\_\_\_\_ Present Grade \_\_\_\_\_

Requested School \_\_\_\_\_ For School Year \_\_\_\_\_ Grade \_\_\_\_\_

Date of Request: \_\_\_\_\_

State the reason for requesting this change in assignment: If request is based on hardship, give full details of the hardship.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I UNDERSTAND THAT, IF APPROVED, THIS CHANGE IN ASSIGNMENT WILL BE GRANTED FOR ONLY ONE (1) SCHOOL YEAR AND THAT TRANSPORTATION IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN.**

\_\_\_\_\_  
*Parent/Guardian's Signature Date*

**To be completed by Central Office Personnel**

Application  Approved  Disapproved Date \_\_\_\_\_

Parent contacted  Yes  No Date \_\_\_\_\_

Present School Contacted  Yes  No Date \_\_\_\_\_

Requested School Contacted  Yes  No Date \_\_\_\_\_

Professional recommendation, if required \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Superintendent/designee's Signature Date*