



YONKERS PUBLIC SCHOOLS

Registration Department

Information Center

One Larkin Center

Yonkers, New York 10701

Change of School Assignment Request Form: 2012-2013

Complete this form to request a change of school assignment.
If the request cannot be accommodated, the student will remain at their current school.

PLEASE PRINT

ID #	DOB	Grade
Child's Name		
School	Program	
Parent's/Guardian's Name		
Address		zip code 107
Home Telephone #	Work Telephone #	
Other Children in the District		
Name	School	Grade
Name	School	Grade
Name	School	Grade
I am requesting that my child be re-assigned to:		
School	Program	
Reason for Request:		
ATTENTION STUDENT ATHLETES IN GRADES 7-12: Did you play on any school athletic team in grades 7 through 12? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list below the school, sport and year you played.		
School: _____ Sport: _____ Grade: _____ (Use the back of this form if you need additional space.)		
PLEASE NOTE: Interscholastic athletics are governed by NYS regulations, any student who played a sport in a previous school may be deemed ineligible. Please meet with your schools Athletic Director prior to requesting this transfer.		
Parent's/Guardian's Signature		Date