

# Henderson County Public Schools

## Reassignment Application

  
2011-12 School Year

### RELEASE - TO ANOTHER COUNTY REQUEST FOR RELEASE FROM HENDERSON COUNTY PUBLIC SCHOOLS TO GO TO ANOTHER SCHOOL DISTRICT

- Applications for the 2011-12 school year will be accepted beginning April 1<sup>st</sup>.
- An application must be completed for each child requesting a release.
- Application should be mailed or delivered to the office of:  
Bill Parker, Assistant Superintendent  
Henderson County Public Schools  
414 Fourth Avenue West  
Hendersonville, NC 28739
- Annual release applications are necessary for students who reside in Henderson County and wish to attend a school in another school district.

Student's Name \_\_\_\_\_  
(Last) (First) (Middle)

Parent/Legal Guardian \_\_\_\_\_  
(Last) (First) (Middle)

Mailing Address \_\_\_\_\_  
(Street Address) (City) (Zip Code)

Location of Home \_\_\_\_\_  
(Road or Street Name and Number - No Post Office Box) (County)

Residence Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Grade in 2011-12 \_\_\_\_\_ Home School District \_\_\_\_\_

Current school attending or last attended \_\_\_\_\_  
(School Name) (School System)

School assignment requested \_\_\_\_\_  
(School Name) (School System)

Is your child receiving Exceptional Children services at their current school? (Please Circle) YES NO

If yes, please state which services \_\_\_\_\_

If high school, list any high school varsity sports participated in during the preceding year:

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

Please state reason for your request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_  
(Date)

#### For Office Use Only

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_