

REQUEST FOR CHANGE OF SCHOOL OR ASSIGNMENT

Deerfield Community School

REQUESTS ARE DUE DECEMBER 15TH, OR THE LAST BUSINESS DAY PRIOR. PLEASE RETURN TO THE ATTENTION OF PRINCIPAL, DEERFIELD COMMUNITY SCHOOL.

DATE: _____

STUDENT NAME: _____

DATE OF BIRTH: _____ GENDER: M _____ F _____

Last First Middle

Month/Day/Year

PARENT/Legal Guardian: _____

Last First

MAILING ADDRESS: _____

Street Town State Zip

Does this student live with this Parent/Guardian: YES _____ No _____

IS STUDENT CURRENTLY PLACED BY AN IEP TEAM YES _____ NO _____

REQUESTED GRADE OF ENROLLMENT: _____

CURRENT SCHOOL ATTENDING: _____

APPLICATION STATUS AT REQUESTED SCHOOL: PENDING _____ ADMITTED _____ (Letter of Acceptance must be attached)

REQUESTED SCHOOL TO ATTEND: _____

PLEASE IDENTIFY EACH REASON FOR YOUR REQUEST:(IF MORE SPACE IS NEEDED DOCUMENTS CAN BE ATTACHED) _____

STUDENT ATHLETE: YES _____ NO _____ CAREFULLY CONSIDER NHIAA GUIDELINES WITH REGARD TO STUDENT TRANSFERS TO DETERMINE WHETHER A TRANSFER MAY JEOPARDIZE PUPIL'S ABILITY TO COMPETE IN SPORTS.

DO YOU HAVE ANY OTHER CHILDREN ENROLLED IN THE SCHOOL TO WHICH YOU SEEK ASSIGNMENT? IF SO, PLEASE PROVIDE NAME, SCHOOL & CURRENT GRADE

_____ I ACKNOWLEDGE THAT I HAVE READ DEERFIELD SCHOOL DISTRICT POLICY JCA

(PARENT/GUARDIAN PLEASE INITIAL)

BY SIGNING BELOW I REPRESENT THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

PARENT/GUARDIAN PRINT NAME

PARENT/GUARDIAN SIGNATURE

A FINAL DECISION WILL BE MADE BY THE SUPERINTENDENT NO LATER THAN FEBRUARY 28TH.
DECISIONS WILL BE COMMUNICATED VIA LETTERS SENT BY USPS.

PLEASE DO NOT WRITE BELOW THE LINE. THIS SECTION FOR OFFICIAL USE ONLY

PRINCIPAL'S COMMITTEE RECOMMENDATION YES _____ NO _____

PRINCIPAL'S COMMENTS: _____
