



ESR  
EMPLOYEE STUDENT REASSIGNMENT REQUEST  
For Employees of DCS who reside in County

Child's Name (Submit a separate form for each request)

DCS Employee's Name:

Work Location:

In August 2018, which grade will your child be in?

How old will your child be in August 2018?

Is this the first request submitted to Davie County Schools

- Yes  
 No, it is a Renewal

Print Parent/Legal Guardian Name:

Physical Address where child lives:

Mailing Address if different than above:

Telephone Number Home:

Work:

Cell:

School of residence in which you live:

School Reassignment Requested:

School Last Attended:

I, the undersigned, certify that the above information is true to the best of my knowledge and belief. I understand and agree that if at any time any of this information is found untrue, the reassignment may be cancelled. If reassignment is approved, I understand that I will be responsible for transportation.

In accordance with Davie County Board of Education Policies 4150 and 4115, I further understand and agree that my child will follow all behavior, academic, and attendance policies as established by the receiving school. Failure to follow these policies may result in cancellation of the reassignment by the Board of Education.

Date:

Signature of Parent/Guardian:

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Date form received at requested school:

Date Student Services Dept notified: