



SR1  
STUDENT REASSIGNMENT REQUEST

To be completed by parent/guardian - Please return to requested school by March 31st

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

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

It is a Renewal

Is there a request for a sibling(s)?

If Yes, Siblings' Name(s):

Grade(s):

Yes

No

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 Last Attended:

School Reassignment Requested:

**Reason for Request: (Explanation is Required)**

- If based on medical reasons, a statement from a physician must be attached
- If based on change of residence provide a statement from building contractor
- If based on child care, child care provider must sign below

Signature of Child Care Provider:

Date:

Relationship to Child or Name of Day Care:

Address of Child Care Provider or Day Care:

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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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**To be completed by the school**

Absences:

Tardies/Early Departures:

Date Range: From - To