



Student Reassignment Request Form

Date received by Student Reassignment Office: ___/___/___
Please print. Allow 2-4 weeks for processing.

Student ID Number: _____

This form is used to request enrollment at a school that is not located in a student’s designated school attendance area. *Policy 9000: Student Residency, Eligibility, Enrollment and Assignment* should be reviewed for information on approved categories of student reassignment. Requests for reassignment are accepted after July 1st for the upcoming school year.

Current Information (Complete one form per student.)

Student’s Name: _____ Grade: _____

Designated School: _____ Current School: _____

Requested School: _____ School Year 20___/20___

Parent Name: (Mr./Mrs./Ms.) _____

Daytime Phone #: _____ Email Address: _____

Current Address: _____
(Street Address, City, State, Zip Code)

Conditions of Reassignment (Policy 9000, IV. L. 1–6)

I. Transportation

Transportation will not be provided by HCPSS and parents will agree to provide transportation unless transportation is included in a student’s IEP or 504 plan.

II. Interscholastic Athletics Eligibility

Students reassigned under approved categories (Relocation, Buy/Build/Lease, Other, and Board Approved Special Exceptions) are eligible to participate in interscholastic athletics. Student eligibility for participation in extracurricular activities is subject to Policy 9070 Academic Eligibility for High School Extracurricular Activities.

III. School Level

Reassignment approval is through current school level (elementary, middle and high) only. A student who is reassigned to a school need not reapply for reassignment for that same school on a yearly basis unless indicated. However, reassignment decisions will be subject to annual review if conditions of reassignment are not met.

IV. Behavior

A student who is reassigned at the request of parents, and who does not meet expectations described in the HCPSS Student Code of Conduct (including, but not limited to attending regularly and on time, showing academic commitment, and following behavioral expectations), may be returned to the student’s designated school at any time during the school year. Such decision is made by the current principal after due consideration and proper notification to the student, parents, and the principal of the designated school.

Please submit completed SRRF to student_reassignment@hcpss.org

Student Reassignment Office • 10920 Clarksville Pike • Ellicott City, MD 21042 • 410-313-6997 • student_reassignment@hcpss.org

PLEASE SEE REVERSE

Reason for Reassignment (Choose only one category.)

- Relocation** (proceed to section 1 below.)
- Buy/Build/Lease** (proceed to section 2 below.)
- Other** (proceed to section 3 below.)

OPTION 1. RELOCATION

Parent completes a Change of Address Form at school level and school sends form to Student Reassignment Office.

Parents have moved from the home in the current school attendance area and have provided proof of residency to the registering secretary/registrar at the school.

Verification of current residency: _____ [Signature of the registering secretary/registrar at the school]

Does parent hold additional lease or deed or is parent associated with alternate address? Yes No If yes, please refer to PPW to confirm bona fide residency.

Are there additional siblings enrolled in HCPSS? Yes No If yes, please indicate:

Sibling Name(s) _____ Grade(s) _____

School(s) _____

- Grades PreK-10:** Students in grades PreK-10 who have a change of bona fide residence within the county during the school year may complete the current school year at the school in which the student is enrolled. The student must enroll for the next school year in the newly designated school.
- Junior Status:** An exception will be made for a student who has a change of residence **after** the last day of school and after achieving Junior status (defined as: a student who has earned a minimum of 10 credits, including English 9 and English 10). **Both** must be true in order to be eligible for student reassignment in this category.

Verification of Junior Status: _____ (Signature of registering secretary/registrar at the school)

School sends form to the Student Reassignment Office at student_reassignment@hcpss.org.

OPTION 2. BUY/BUILD/LEASE

Parent submits completed form to Student Reassignment Office at student_reassignment@hcpss.org.

A family will be moving into a new home within the required 90 calendar days from the first day of attendance. The following required documentation can be scanned and emailed to the Student Reassignment Office*:

- Maryland Contract of Sale/Purchase Agreement or completed lease with all signatures and occupants listed; and
- Letter on builder letterhead with permit # and date of completion (new build only).

Address of New Residence: _____
(Street Address, City, State, Zip Code)

Anticipated Move-in Date: ___/___/___

* Upon review, additional documents may be required prior to approval.

OPTION 3. OTHER

Parent submits completed form to Student Reassignment Office at student_reassignment@hcpss.org.

Parents may include supporting information or additional documentation with form, and may continue on another sheet of paper, if needed. All concerns should begin as a school level discussion with documented attempts to reach resolution there.

Reason for requesting reassignment: _____

I have read and agree to the terms listed above and contained in *Policy 9000: Student Residency, Eligibility, Enrollment and Assignment*, should my child be granted permission to attend a school outside of his/her designated school district. A student granted reassignment has 30 days to enroll at requested school. Failure to do so will result in rescinding of reassignment.

Parent/Guardian Signature: _____ Date: ___/___/___

Please submit completed SRRF to student_reassignment@hcpss.org