Middle/High School Reassignment Application

Approved ☐

Denied ☐

DATE RECEIVED: _____

STUDENT ID: _____

Applications for School Reassignment must be submitted to the **HOME SCHOOL for review. Requests must be submitted on or before Friday, August 16, 2024 to be processed by the first day of school**. Applications received after this date must attend the home school until a decision is made. Please allow up to 2 weeks for processing. All questions can be directed to your home school of residence. Requested school must be open relative to enrollment capacity/overcrowding. Please review the Parent/Family Procedures prior to completing the application.

Student Name:_____Parent Name: _____

School of Residence:_____SY2024-25 Grade Level: _____

Permanent Address:_____Zip: _____

Phone/Contacts: (1)_____(2) _____

SCHOOL REQUESTED:_____Are siblings requesting a reassignment? YES ☐ NO ☐

SPECIAL SERVICES: 504 ☐ ESOL ☐ Gifted ☐ IEP ☐

Type of Reassignment: Parent/Guardian must choose one (only) from options below:

☐ **ROTC – Reserve Officer Training Corps**
If the request is made for either the **NJROTC Program at Allen** or the **AFROTC Program at Dieruff**, approval will be obtained from the ROTC Approving Officer at each respective school or the request for reassignment will be returned.

☐ **Safety Concern** (Documented): A parent must meet/discuss concern with an administrator prior to submission. Explain reason for request in detail. (**Attach supporting documentation for consideration**):

*Please note, requests will not be approved for athletics.

I verify that I have read and reviewed the guidelines and procedures and my statements are true correct. I understand that I must send my child to their home school of residence until a decision is made regarding this request. If my child does not attend during this time, it will be marked as an unexcused absence. I understand that if my child is approved I am responsible for the transportation. In addition, my child must maintain good attendance, grades and behavior at the requested school, or the approval will be rescinded.

Parent/Guardian Print Name_____**Parent/Guardian Signature**_____

Aprobada ☐

Denegado ☐

Middle/High School Reassignment Application

FECHA RECIBIDA: _____

ESTUDIANTE ID: _____

Las solicitudes de reasignación de Escuela deben enviarse a la **ESCUELA DE ORIGEN para su revisión. Las solicitudes deben enviarse antes del viernes, 16 de agosto de 2024 o antes para ser procesadas antes del primer día de clases.** Las solicitudes recibidas después de esta fecha deben asistir a la escuela de origen hasta que se tome una decisión. Espere hasta 2 semanas para el procesamiento. Todas las preguntas pueden dirigirse a su escuela local de residencia. La escuela solicitada debe tener cupos abiertos en relación a la capacidad de inscripción/sobrepoblación. Revise los procedimientos para Padres/Familia antes de completar la solicitud.

Nombre del Estudiante:_____Nombre del Padre/Tutor: _____

Escuela de Residencia:_____Año Escolar 2024-25 Nivel de Grado: _____

Dirección Permanente:_____Código Postal: _____

Contactos del Teléfono: (1)_____(2) _____

ESCUELA SOLICITADA:_____¿Están las hermanos/as solicitando una reasignación? SÍ ☐NO ☐

SERVICIOS ESPECIALES: 504☐ESOL☐ Dotado/a☐IEP ☐

Tipo de Reasignación: el padre/tutor debe elegir una de las siguientes opciones:

☐ **ROTC – Cuerpo de Entrenamiento de Oficiales de Reserva**
Si la solicitud se realiza para el **Programa NJROTC en Allen o el Programa AFROTC en Dieruff**, se obtendrá la aprobación del oficial de aprobación del ROTC en cada escuela respectiva o se devolverá la solicitud de reasignación.

☐ **Inquietud de Seguridad** (Documentada): un padre/tutor debe reunirse/discutir la inquietud con un administrador antes de la presentación. Explique detalladamente el motivo de la solicitud. (**Adjunte documentación de respaldo para su consideración**):

*Tenga en cuenta que las solicitudes no serán aprobadas para atletismo.

Verifico que he leído y revisado las pautas y procedimientos y que mis declaraciones son verdaderas y correctas. Entiendo que debo enviar a mi hijo/a a su escuela local de residencia hasta que se tome una decisión con respecto a esta solicitud. Si mi hijo/a no asiste durante este tiempo, se marcará como una ausencia injustificada. Entiendo que, si se aprueba a mi hijo/a, soy responsable del transporte. Además, Mi hijo/a debe mantener buena asistencia, calificaciones y buen comportamiento en la escuela solicitada, o se rescindirá la aprobación.

Nombre del Padre/Tutor en letra de imprenta_____**Firma del Padre/Tutor**_____

Middle/High School Reassignment Application

For School Office Use Only

Home School of Residence Review (Required)**:** Date Received: _____

Special Services:_____ Decision Date: _____

Administrator Recommendation/Comments: _____ Approved _____ NOT Approved

_____

_____

_____

Date of communication with parent/family if it's a safety concern: _____

School Administrator Name (Print/Sign) _____

Home & Requested School ROTC Review (If applicable): Date Received: _____

Officer Recommendation/Comments:_____Approved_____NOT Approved Decision Date: _____

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Officer Name (Print/Sign): _____

Home & Requested School Athletic Review (If applicable): Date Received: _____

Athletic Director Recommendation/Comments:_____Approved_____NOT Approved Decision Date: _____

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Athletic Director Name (Print/Sign): _____

Requested School Review (Required): Date Received: _____

Administrator Recommendation/Comments:_____Approved_____NOT Approved Decision Date: _____

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_____

School Administrator Name (Print/Sign) _____

Middle/High School Reassignment Application

For Central Office Use Only

Special Education Review (If applicable):

Date Received:_____ Special Services: _____

Exec. Director or Designee Recommendation/Comments:_____Approved_____NOT Approved Decision Date: _____

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Exec. Director or Designee Name (Print/Sign): _____

Student Services Review (Required):

Date Received:_____ Special Services: _____

ED Director or Designee Recommendation/Comments:_____Approved_____NOT Approved Decision Date: _____

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Director or Designee Name (Print/Sign): _____
