

# **REQUEST FOR CHANGE OF SCHOOL ASSIGNMENT: ALTERNATIVE SCHOOL OF CHOICE**

## **DIRECTIONS TO PARENTS/GUARDIANS:**

- ✓ This form is to be submitted to the building Principal of the alternative school of choice before the last business day in May for the following school year.
- ✓ All requests to change schools during a school year will not be accepted, except for new residents who move into the district during that school year per Board Policy and Administrative Guideline 5113.01.
- ✓ The District is not responsible to transport students to their alternative school of choice. Transportation will be the responsibility of the parent requesting an alternative school of choice.
- ✓ Approvals will follow the priority levels listed in Administrative Guideline 5113.01.
- ✓ This form must be filled out every year a student requests to attend an alternative school of choice instead of attending their resident school building assignment.
- ✓ Refer to Lakota Board Policy and Administrative Guideline 5113.01 for further details.

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Requested School Year: 20\_\_\_\_ - 20\_\_\_\_ Grade Level Request: \_\_\_\_\_

Resident School Building Assignment for School Year Above: \_\_\_\_\_

Alternative School Building Request for School Year Above: \_\_\_\_\_

Check One: \_\_\_\_\_ First Time Request to Attend the Alternative School Building of Choice Above  
 \_\_\_\_\_ Continuing Request to Attend the Alternative School Building of Choice Above

Request made by: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Reason(s) for request: \_\_\_\_\_

\_\_\_\_\_

*If approved, this assignment will be for the entire school year and for 1 school year only. Before the last business day in May of the requested school year, the parent/guardian must either (a) fill out this form again to continue the assignment to the request alternative school building of choice for the following school year, or (b) fill out this form again if they desire to attend a different alternative school building of choice for the following school year, or (c) notify the resident school building if planning to no longer attend an alternative school building of choice.*

***I understand these requirements at the end of the year and the directions to parents/guardians listed above***

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(District Use Below)*

Alternative School Building Administration: \_\_\_\_\_ Approved \_\_\_\_\_ Denied

If Request is Denied, Reason: \_\_\_\_\_

Alternative School Building Administration Signature: \_\_\_\_\_

Central Office Administration: \_\_\_\_\_ Approved \_\_\_\_\_ Denied

If Request is Denied, Reason: \_\_\_\_\_

Central Office Administration Signature: \_\_\_\_\_