

**CAMPBELL COUNTY SCHOOL DISTRICT
SECONDARY SCHOOLS ATTENDANCE AREA CHANGE REQUEST FORM**

Campbell County School District (CCSD) is not an open enrollment district. The Board of Trustees has established attendance areas for all students attending schools in CCSD. There may be hardship situations in which attendance area changes would be permissible. Activity/Athletic reasons alone will not be sufficient for approval. Decisions will be made on a case-by-case basis.

When making an attendance area change request for grades 7-12, parents/guardians will first meet with their attendance area principal to review the reasons associated with the request to leave the attendance area school. The parents/guardians will then meet and submit the Attendance Area Change Request (AACR) form to the requested school principal. The principals of schools associated with the request will make a collective decision regarding the request. If approved, CCSD will not be responsible for transportation. The approval is subject to any conditions set by the principal, including good attendance, behavior, work ethic, and positive parent interaction.

*Please be aware Campbell County School District’s high school attendance and 9-12 activity eligibility is established at eighth grade on the first day of school or first practice (whichever comes first).

SCHOOL YEAR: _____ DATE: _____

STUDENT'S NAME: _____ (Last) _____ (First)

PARENT/GUARDIAN: _____ (Last) _____ (First)

ADDRESS: _____

MAILING ADDRESS: (IF DIFFERENT THAN ABOVE) _____

PHONE #: _____ CELL PHONE #: _____

RESIDE IN _____ ATTENDANCE AREA GRADE: _____
(School Name)

REQUEST TO TRANSFER TO: _____
(School Name)

The following scenarios may eliminate the need for a meeting with principals (please check all that apply):

Sibling (Please explain) _____

Majority of attendance spent in non-feeder elementary (Please explain) _____

Requesting to remain in current school (Please explain) _____

PLEASE DESCRIBE THE HARDSHIP RATIONALE FOR MAKING THE ATTENDANCE AREA CHANGE REQUEST *(Please attach supporting documentation if needed)*:

PARENT'S/GUARDIAN'S SIGNATURE

DATE

FOR ADMINISTRATOR USE ONLY:

APPROVED:

DENIED:

PRINCIPALS' RATIONALE:

ATTENDANCE AREA PRINCIPAL SIGNATURE

DATE

REQUESTED AREA PRINCIPAL SIGNATURE

DATE

COUNSELOR SIGNATURE (IF NECESSARY)

DATE