



Request for Student Reassignment

Student's Name: _____ Race _____

Student's Grade level for School Year 2022-2023 _____ grade

Request: I request the Bladen County Board of Education to act upon the request designated below for the 2022-2023 school year. (Choose Only One of the following options)

ACCEPT child at _____ School

from _____

(out of county school)

RELEASE child to _____

(out of county school)

from _____ School in Bladen County.

TRANSFER child to _____ School

(Bladen County School)

from _____ School

(Bladen County School)

Does this student have special needs/services/accommodations? Yes No
If yes, indicate the nature of the student's needs.

Reason for above request: _____

Parent's Name (Print) _____

911 Address: _____

Mailing Address: _____

Date: _____ Tel. No: _____

NOTE: This action is ONLY for the 2022-2023 school year. A new request must be submitted each year a student wishes to attend a school outside their designated attendance area. These regulations are keeping with the policies of the Bladen County Board of Education and are necessary because of teacher allotments and class size limitations. Transportation is NOT provided out of district.

RETURN TO: Ms. Ann Brown, Chief Operations Officer
Bladen County Schools
P. O. Box 37
Elizabethtown, NC 28337
Fax: 855-860-6170

SCHOOL AND OFFICE USE ONLY

APPROVED: _____ NOT APPROVED: _____ DATE: _____