

ASSIGNMENT OR TRANSFER REQUEST

The following procedure will be used to process the application:

1. Submit application and all supporting documentation to: Madison County Board of Education, Coordinator of Pupil Services, 1275-F Jordan Road, Huntsville, AL 35811.
2. If the application is recommended to the Board for approval, it will be submitted at the next regular Board meeting.
3. After the Board meeting, the Superintendent will notify the custodial parents in writing of the Board's decision.
4. If the Board disapproves the request, the custodial parents may request to appeal the decision by submitting a request for such appeal to the Superintendent at least three days prior to the regularly scheduled Board meeting.

Student Name (s): (If request is for more than one student, list each one separately)

Last Name	First Name	Sex	Age	Grade

Person Completing Form: _____

Relationship to Student: Parent Other (Specify) _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Present School Zone: _____ Requested School Zone: _____

Reason for request: (Use back of this application if necessary. Attach any supporting documentation.)

By my signature, I affirm that the information contained in this application is correct, and I understand that false representation of the facts will result in immediate denial of my request. I authorize Madison County Board of Education to obtain information concerning my request from any individual who may have knowledge of the circumstances involved.

Signature: _____ Date: _____

BOARD OF EDUCATION USE ONLY

CATEGORY OF REQUEST

1 st Term	2 nd Term	Full Year	
Advanced Enrollment	Alternate	Employee's Child	Senior Status
Custody	(Temporary	Final	Physical)
Unique Situation			

Recommendation for Board Approval: Yes No

Coordinator of Pupil Services Signature: _____ Date: _____

Approved: November 1975 Reprinted: July 1989 Revised: October 1991 Revised: January 1995 Revised: June 1997
Revised: March 2007