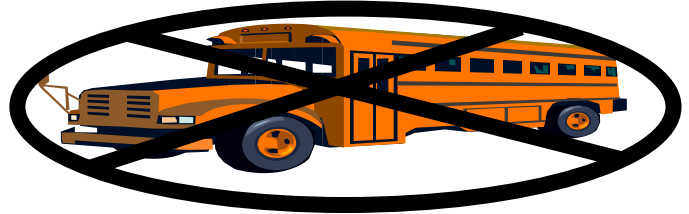


**LITTLE ROCK SCHOOL DISTRICT**

Office of Student Registration  
501 Sherman Street  
Little Rock, AR 72202  
Phone (501)447-2950 Fax (501)447-2951



**STUDENT ASSIGNMENT APPEAL**

**Due Date: 2<sup>nd</sup> Monday of each month Parent/Guardian will be notified by the end of the month**

Complete this form if you believe there are **unique circumstances or a medical hardship** that should be considered regarding your student's current placement. Please attach any documentation which would provide information about your child's situation.

Student's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Current School Assignment: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Requested School: \_\_\_\_\_ *(Booker, Carver, Gibbs, Williams, Mann, & Parkview are not allowed)*

**Reason for requesting other school (check box AND give explanation below):**

Child has been attending requested school for \_\_\_ years and I would like him/her to stay at that school.

My family has moved out of the attendance zone and my child was involved in \_\_\_\_\_ activity which is not offered at the new attendance zone school.

My child has a medical condition that requires \_\_\_\_\_ which is better suited for requested school.

Other reason: \_\_\_\_\_

.....  
Additional Information to Appeals Committee: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Please attach more pages as needed for further explanation.)

**TRANSPORTATION IS *NOT PROVIDED* FOR APPEALS THAT ARE GRANTED. Your child will NOT be allowed to ride a school bus even if there is one close to your home. By signing below, you agree to be responsible for all transportation to and from school if this appeal is approved by the Appeals Committee.**

**Athletic Eligibility may be removed for one calendar year.**

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>OFFICE USE ONLY:</b>	
Student ID#: _____	Attendance Zone School: _____
Denied: _____	Approved to School: _____
Student Registration Appeal Committee Signature: _____	Date Reviewed: _____