

LITTLE ROCK SCHOOL DISTRICT

Office of Student Registration
501 Sherman Street
Little Rock, AR 72202
Phone (501)447-2950 Fax (501) 447-2982



STUDENT ASSIGNMENT APPEAL

Assignment Appeals are only granted at the start of school or at semester.

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, Forest Heights, 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 _____ 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: _____

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Additional Information: _____

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

NO BUS!!! TRANSPORTATION IS NOT PROVIDED FOR APPEALS THAT ARE GRANTED. By signing below, you agree to be responsible for all transportation to and from school if this appeal is approved.

Athletic Eligibility may be removed for one calendar year.

Parent's Signature: _____

Date: _____

OFFICE USE ONLY:	
Student ID#: _____	Attendance Zone School: _____
Denied: _____	Approved to School: _____
Student Registration Signature: _____	Date Reviewed: _____