

STUDENT ASSIGNMENT REQUEST

Pursuant to **SDCL 13-28-10**, the Board of Education is seeking information to allow them to make a determination of student residency required by statute. Please complete this form and return it to the Rapid City Area School District 51-4, Educational Services Office, 300 Sixth Street, Rapid City, SD 57701. If the Board of Education rejects the request, the person who made the request may, within fifteen days after receipt of the rejection, appeal to the Board of Education for a hearing.

TO BE COMPLETED BY THE PERSON WITH WHOM THE STUDENT IS LIVING WHEN PARENT IS ABSENT:

Student Name:		Age:		Grade:	
Does this student have an IEP?		Yes	No	School year: 20 - 20	
Name of School Last Attended:					
Address:					
City:		State:	Zip:	Phone:	
Person Student Will Live With:					
Relationship to Student:					
Address:					
City:		State:	Zip:	Phone:	
School in this attendance area*:					
*Student will attend school in attendance area where person making request resides.					
Parent or Legal Guardian:					
Address:					
City:		State:	Zip:	Phone:	
The reasons why the student should be assigned to this school district should be stated below. Be Specific. Attach additional sheets, if necessary.					

Request:

I do hereby request that _____ be assigned school residency in the Rapid City School District 51-4. (Student's Name)

OR

(Signature of Person Making Request)

(Signature of Parent)

Student Support Manager: _____ Date: _____

Recommended Not Recommended

Ass't Superintendent's Signature: _____ Date: _____

Approved by Board of Education: _____ Date: _____