



Office of Student Assignment

Online form is available on the Office of Student Assignment website
Phone: (352) 955-7700 - Fax: (352) 955-7990 - Email: zoning@gm.sbac.edu
620 East University Avenue, Gainesville, Florida 32601

Request for Assignment Exception

Name of Student: Last Name First Name Middle Date of Birth:

Current School:

School Year of Request: Grade Level for Year of Request:

Name of Parent/Guardian: Last Name First Name

Current Address:

Telephone Number(s): Home: Mobile: Other:

I am requesting an assignment transfer to School for the 20 - 20 school year for the following reasons: [Check the appropriate box(es) below]

- My child is entering the last grade at their current school and I would like my child to complete that year at the school my child attended during the 20 - 20 school year.
The School Board re-zoned our current address to another school and my child is entering the last grade at their current school and I would like them to be allowed to complete that year at the school my child attended during the 20 - 20 school year.
My child has a hardship due to: medical/psychological need law enforcement/DCF victim of violent crime
I am a School Board employee, my current work location is:

Please attach a letter and/or supporting documents to fully explain your reason(s) above. Requests that are based on a medical/psychological need must also include a written order from a licensed physician or licensed mental health professional.

If my request for an assignment exception is granted, I understand that it is granted for one school year only and that the School Board is under no obligation to renew it for subsequent years. I also understand that the assignment exception may be revoked due to my child's misbehavior, excessive tardies or unexcused absences. In addition, I understand that it is my responsibility to transport my child to and from school.

Signature of Parent/Legal Guardian

Date

ACPS Use Only

Approved for Denied for

Signature: Date: