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LYNCHBURG CITY SCHOOLS

APPLICATION FOR ELEMENTARY SCHOOL REASSIGNMENT

Policy and Procedures

Lynchburg City School Board Policy 7-12, Section D – Elementary Child Care

A parent/ guardian may request an alternative school assignment for elementary students if there is a documented hardship involving a working parent/guardian and the need for child care services. The following procedures will be used to implement the policy:

1. Alternative placement of elementary children will be based on documented evidence of hardship.
2. No transportation adjustments will be made due to the alternative placement and parents must insure that the children arrive and depart at the scheduled hours. If a bus serving the student"s base school stops at the child care facility, the student must attend the base school and no alternative placement will be provided. If there is an established bus stop for the assigned alternative school that serves the private child care provider"s home or the child care facility, and no bus for the base school, the student may ride the bus to their alternative placement. Students receiving alternative placements may not ride buses for schools for innovation or the Gifted Opportunity (GO) Center, unless they have been accepted into those programs. No individual bus schedules will be developed for reassigned students.
3. Alternative assignments will be made on a space available basis.
4. Decisions regarding elementary school reassignments will be based on an application/approval process handled by the Department of Student Services.
5. Only one alternative placement will be made during a child"s elementary years. If a change occurs in the child care situation, the parent/guardian may choose to return to the base school.
6. Each child for whom an elementary school reassignment is requested must be approved on an individual basis.
7. Elementary school reassignments will be valid for a period of one year. Parents/guardians must reapply for consideration annually.
8. Parents/guardians must insure that reassigned students maintain good attendance as well as consistently arrive and depart school according to the published hours of operation for elementary schools.
9. Reassignments may be revoked for students who experience issues related to truancy; including, but not limited to, excessive absences, tardies, or early dismissals, and repeated late pick ups from school and the child/children may be required to attend the school serving the legal residence of the parent/guardian.
10. Parents/guardians must notify the Department of Student Services of changes in their work schedule that would affect the documented work-related hardship. Work-related changes that no longer warrant a reassignment and/or failure on the part of the parent/guardian to notify the Department of Student Services of such changes may result in revocation of the elementary school reassignment. The child/children may be required to attend the school serving the legal residence of the parent/guardian.
11. Providing false information to obtain an alternative placement will automatically void the reassignment and the child/children will be required to attend the school serving the legal residence of the parent/guardian.
12. Applications for elementary school reassignments must be received in the Department of Student Services by November 30 of each school year. No reassignments will be considered for the school year after this date with the exception of families who move into the city of Lynchburg after November 30.
13. Elementary school reassignment does not apply to elementary schools for innovation.
14. Students who have completed a minimum of four consecutive years in one elementary school may continue in that same school until the end of their elementary program without completing further elementary school reassignment applications.
15. Upon completion of the elementary school program, the student must then attend the middle school serving his or her residence.

PROCEDURES

NEW: Beginning with the 2008-09 school year, site visits to the child care facility (business or private home) may be conducted by Lynchburg City Schools. Private child care providers may be contacted periodically to verify the status of their services for named children. Employers may also be contacted periodically to verify the parent/guardian"s work hours.

REVOCATION CLAUSE: Previous approval of elementary school reassignments may be reversed at any time the conditions of Lynchburg City Schools Policy 7-12, Section D – Elementary Child Care are not met. This includes, but is not limited to, situations that involve truancy (excessive absences, tardies, or early dismissals), repeated late departures from school, change in parent's work status resulting in no documented work-related hardship, or providing false information to get the reassignment. If approval is reversed, the child or children involved would be required to immediately enroll in the school serving the legal residence of the parent/guardian.

APPLICATION INFORMATION: This is a three (3) part application. All three (3) parts of the application must be completed and submitted to the Lynchburg City Schools Department of Student Services before the elementary school reassignment request will be considered.

Part 1 – Parent and Student Information (All information is to be completed by the parents/guardians.)

Part 2 – Child Care Provider's Verification Form (A separate form must be completed for each child for whom a reassignment is being requested.)

- ☐ Parent/guardian: Complete parent and child information at the top of form
- ☐ Child care facility or private child care provider: Complete remainder of the form

Part 3 – Employer's Verification Form (An employment verification form must be completed and submitted for each parent/guardian with whom the child lives.)

- ☐ Section 1: Parent/guardian – Complete Employee"s Personal Information
- ☐ Section 2: Company"s human resources department or employee"s supervisor – Complete Employment Information on parent/guardian
- ☐ Employer"s Verification Form (Part 3)
  - Two copies of the form (Part 3) have been provided for your convenience (one for each parent/guardian"s employer to complete).
  - Additional copies of the completed forms (Part 3) will be made by the Department of Student Services when families are submitting applications for more than one child.

Return all components of the application together to: **Director of Student Services**
Lynchburg City Schools
P. O. Box 2497
Lynchburg, VA 24505-2497

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LYNCHBURG CITY SCHOOLS

APPLICATION FOR ELEMENTARY SCHOOL REASSIGNMENT

PART 1: *Parent or Guardian*, please complete all of the information requested on the page below. A separate form must be completed for each child for whom a reassignment is requested.

Elementary school reassignment is requested for school year _____- _____ Grade_____

Have you applied for an elementary school reassignment for this child before?_____What school?_____

Child"s Name_____Current Age _____

Parents/Guardians" Names _____ *and* _____

Home Telephone # _____ Cell Phone # _____ Other Phone #

Street Address _____ City _____ Zip Code

Child lives with ____Both parents ____ Mother ____ Father _____ Other (Specify Relationship)

Elementary school zone in which child and parent/guardian live _____

Elementary school for which child care provider is zoned _____

Mother/Guardian"s place of employment_____Work Phone # _____

Mother/Guardian"s days & hours of employment _____

Father/Guardian"s place of employment _____Work Phone #_____

Father/Guardian"s days and hours of employment _____

PARENT /GUARDI AN'S JUSTIFICATION OF REQUEST FOR REASSIGNMENT

(Explain *in detail* the work-related hardship. Write on the back of this form, if more space is needed.)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

PARENT/GUARDIAN'S STATEMENT:

I understand that

- **my child will be assigned to the new school, if space is available, and this application is approved.**
- **no transportation adjustments will be made due to the alternative placement and parents must insure that the children arrive and depart at the scheduled hours.**
- **if approved, reassignment will be for one year only and that I must reapply for consideration annually.**
- **if I provide false information on this application, it is cause for denial of my request or reversal, if approval had been previously granted.**

I certify that

- **the information I have provided on this form is true and correct.**
- **I have read School Board Policy 7-12, Section D – Elementary Child Care on page one of this application and agree to comply with all conditions of this policy. Failure to do so may result in the reversal of the elementary school reassignment and would require my child to return immediately to the school that serves my legal residence.**

_____	_____	_____
Parent/Guardian's Name (Please Print)	**Parent/Guardian's Signature**	Date

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LYNCHBURG CITY SCHOOLS

APPLICATION FOR ELEMENTARY SCHOOL REASSIGNMENT

Child"s Name_____ Grade _____ Age_____

Parent/Guardian"s Name _____

School Year _____- _____

PART 2: *Child care provider*, please complete all of the information requested on the page below and return the completed form to the parent/guardian listed above.

FOR PRIVATE HOME CHILD CARE PROVIDERS:

Child care provider"s name (Please Print) _____

Street Address _____City _____ Zip Code _____

Telephone # _____ Cell Phone # _____ Other Phone # _____

I will be providing child care services for the above named child as specified below.

Dates between which child care will be provided _____ to _____
Date Date

Nature of Child Care: (please check all that apply)
_____Before school care _____After school care _____Care only on an as needed basis

FOR CHILD CARE FACILITIES: Facility License # _____

Name of Child Care Facility _____

Street Address _____City _____ Zip Code _____

Telephone # _____ Cell Phone # _____ Other Phone # _____

Facility"s Contact Person _____ _____
Name Title

The staff at this facility will be providing child care services for the above named child as specified below.

Dates between which child care will be provided _____ to _____
Date Date

Nature of Child Care: (please check all that apply)
_____Before school care _____After school care _____ Care only on an as needed basis

Additional Comments:

_____

_____

_____

_____

_____

CERTIFICATION OF CHILD CARE SERVICE:

I certify, under penalty of perjury, that the above information pertaining to child care for the named child is true and correct.

Child Care Provider's Signature _____Date _____

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LYNCHBURG CITY SCHOOLS

APPLICATION FOR ELEMENTARY SCHOOL REASSIGNMENT
PART 3

Employment Verification Form for Parent/Guardian #1
School Year 20 ____- 20 _____

Lynchburg City School Board Policy 7-12, Section D – Elementary Child Care specifies that, "A parent/ guardian may request an alternative school assignment for elementary students if there is a documented hardship involving a working parent/guardian and the need for child care services."

- **The employee listed below is applying for an elementary school reassignment based on a work-related hardship. Please assist the Lynchburg City Schools' Department of Student Services in documenting the need for this reassignment by completing the information requested below.**
- **All information on this form must be complete, and all components of the application submitted to the Lynchburg City Schools Department of Student Services in order for the reassignment request to be considered. An employment verification form must be completed and submitted for each parent/guardian with whom the child lives.**

Section 1: Employee's Personal Information ***(To be completed by the employee/parent/guardian)***

Parent/Guardian"s Name _____
(Please Print or Type)

Child(ren)"s Name(s) _____ Age _____ Grade _____
_____ Age _____ Grade _____
_____ Age _____ Grade _____

Section 2: Parent/Guardian's Employment Information: ***(to be completed by employer's Human Resources Department or supervisor of named employee)***

Company _____
(Print or Type Company,s Name)

Please indicate the daily work schedule of above named employee:

	Monday	Tuesday	Wednesday	Thursday	Friday
Hours of work daily →					

If the employee has a flexible work schedule, please explain the variation(s) in their schedule.

_____

_____

~~~~If the work schedule of the named employee changes, please contact the Lynchburg City Schools" director of student services at (434) 515-5000.~~~

My signature below acknowledges that the work schedule for the employee listed above is accurate to the best of my knowledge.

Company Contact"s Signature _____

Company Contact"s Name _____
(Print or Type Information)

Company Contact"s Position/Title _____
(Print or Type Name)

Phone # (_ _ _) _ _ _ - _ _ _ _ Date _____

Please return this form to the employee, who will return it to:

Director of Student Services
Lynchburg City Schools
P. O. Box 2497
Lynchburg, VA 24505-2497
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LYNCHBURG CITY SCHOOLS

APPLICATION FOR ELEMENTARY SCHOOL REASSIGNMENT
PART 3

Employment Verification Form for Parent/Guardian #2
School Year 20 ____- 20 _____

Lynchburg City School Board Policy 7-12, Section D – Elementary Child Care specifies that, "A parent/ guardian may request an alternative school assignment for elementary students if there is a documented hardship involving a working parent/guardian and the need for child care services."

- **The employee listed below is applying for an elementary school reassignment based on a work-related hardship. Please assist the Lynchburg City Schools' Department of Student Services in documenting the need for this reassignment by completing the information requested below.**
- **All information on this form must be complete, and all components of the application submitted to the Lynchburg City Schools Department of Student Services in order for the reassignment request to be considered. An employment verification form must be completed and submitted for each parent/guardian with whom the child lives.**

Section 1: Employee's Personal Information ***(To be completed by the employee/parent/guardian)***

Parent/Guardian"s Name _____
(Please Print or Type)

Child(ren)"s Name(s) _____ Age _____ Grade _____
_____ Age _____ Grade _____
_____ Age _____ Grade _____

Section 2: Parent/Guardian's Employment Information: ***(to be completed by employer's Human Resources Department or supervisor of named employee)***

Company _____
(Print or Type Company,s Name)

Please indicate the daily work schedule of above named employee:

	Monday	Tuesday	Wednesday	Thursday	Friday
Hours of work daily →					

If the employee has a flexible work schedule, please explain the variation(s) in their schedule.

_____

_____

~~~~If the work schedule of the named employee changes, please contact the Lynchburg City Schools" director of student services at (434) 515-5000.~~~

My signature below acknowledges that the work schedule for the employee listed above is accurate to the best of my knowledge.

Company Contact"s Signature _____

Company Contact"s Name _____
(Print or Type Information)

Company Contact"s Position/Title _____
(Print or Type Name)

Phone # (_ _ _) _ _ _ - _ _ _ _ Date _____

Please return this form to the employee, who will return it to:

Director of Student Services
Lynchburg City Schools
P. O. Box 2497
Lynchburg, VA 24505-2497

Rev. 08/12
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