

**TEAM CHANGE REQUEST FORM**

This application is to be completed by a parent or guardian requesting a team change during a physical distancing school schedule for an individual student. Any changes to team placement, as a result of this form, will not apply to an entire household. Please complete an individual form for each student. The application must be complete for consideration and be submitted to the school principal.

Date:

School:

My child is currently on Team

I am requesting the schedule be changed to Team

Student information		
Last name:	First name:	
Grade:	Date of birth:	
Street Address:	City & Zip Code:	
Name of Father/Step-father/Guardian:	Cell Phone:	Email:
Name of Mother/Step-mother/Guardian:	Cell Phone:	Email:
Special services being provided at current school: <input type="checkbox"/> Special Education <input type="checkbox"/> GT <input type="checkbox"/> ELL <input type="checkbox"/> 504 <input type="checkbox"/> Other:		

Reason(s) for the team change request:
<input type="checkbox"/> Daycare
<input type="checkbox"/> Transportation (busing is available during the physical distancing schedule)
<input type="checkbox"/> Coincide with sibling/family member's schedule
<input type="checkbox"/> Outside school instruction / therapies / on-going medical appointments
<input type="checkbox"/> Other (please briefly describe):

*School principals will ensure teams during physical distancing are balanced and promote effective instruction. Additionally, teams are balanced to limit the number of students and staff in classrooms and school common areas. Team transfers will not be granted based on personal preference, matching of peers, or individual convenience.*

This request is made with full agreement to the following:
1. A team change request can only be submitted once per semester
2. Team change requests do not reflect scheduling changes for athletic and activity programs
3. Falsification of information shall cause the request to be denied or revoked
4. Appeals, must be submitted in writing to the region director

In signing this form, the parent/guardian confirms that he/she has read and understands the information listed on the form and that the information provided is accurate.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

**ADMINISTRATIVE ONLY**

Team change request __ approved __ denied	Reason for denial:
Principal signature:	Date:
Date of parent/guardian notification:	