## Rolesville Middle School 2019-2020 Track Change Request

NOTE: Requests for track changes will be given consideration but are not guaranteed. Print, complete and return this form to RMS <u>no later than February 6, 2019</u>.

Student Name:								
Parent Name: Phone Number (best daytime #):								
Email address:								
Current Grade: C	urrent Track:							
Do you have any other children in WCPSS? Yes: No:								
If Yes, please list name, school,	grade and track (	if appli	cable):	Please	note that e	lementary	y sibliı	ng(s) at a
Year-Round school may impac			•				•	
Name: School:						Grade:		Track:
The parent/custodian submittir student agree with this request student, the person submitting	being submitted	. In cas	ses wh	ere one	parent/cus	odian has	sole	custody of the
Please <u>circle</u> your preference for not select track 3 as one of you		-		-	-	_		cept, ie: do
	1 <sup>st</sup> choice	Tr 1	Tr 2	Tr 3	Tr 4			
	<b>2</b> <sup>nd</sup> choice	Tr 1	Tr 2	Tr 3	Tr 4			
	3 <sup>rd</sup> choice	Tr 1	Tr 2	Tr 3	Tr 4			
	<b>4</b> <sup>th</sup> choice	Tr 1	Tr 2	Tr 3	Tr 4			
Reason(s) for requesting a tracl	c change:							
				Office Hee Only				
				Appro		fice Use O Denied:	•	
					t notified by			
Parent/Custodian Signature	Date			Date:	Thomas by	<del>-</del>		
					DM approve	Yes	No	