

Rolesville Middle School  
2020-2021 Track Change Request

**NOTE: Requests for track changes will be given consideration but are not guaranteed. Print, complete and return this form to RMS no later than February 8, 2020.**

Student Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Phone Number (best daytime #): \_\_\_\_\_

Email address: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Current Track: \_\_\_\_\_

Do you have any other children in WCPSS? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If Yes, please list name, school, grade and track (if applicable): **Please note that elementary sibling(s) at a Year-Round school may impact the ability to approve a track change.**

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Track: \_\_\_\_\_

The parent/custodian submitting this track change request acknowledges that both parents/custodians of this student agree with this request being submitted. In cases where one parent/custodian has sole custody of the student, the person submitting this track change request acknowledges his/her legal authority to do so.

Please **circle** your preference for tracks below. **Only list as many choices as you are willing to accept**, ie: do not select track 3 as one of your choices if you would not be willing to be assigned to that track.

**1<sup>st</sup>** choice    Tr 1    Tr 2    Tr 3    Tr 4

**2<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

**4<sup>th</sup>** choice    Tr 1    Tr 2    Tr 3    Tr 4

Reason(s) for requesting a track change: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Custodian Signature

Date

Office Use Only		
Approved:	Denied:	
Parent notified by:		
Date:		
Elem DM approve	Yes	No