UNION COUNTY PUBLIC SCHOOLS
SCHOOL BOARD POLICY 4-13
EXTREME HARDSHIP INFORMATION FORM

A student who has a serious physical, mental, or emotional handicap or illness may be reassigned to a school that better meets his/her needs. The students' physician, psychiatrist, or psychologist shall complete a form provided by the school system that addresses (1) the nature of the handicap or illness, (2) the specific reason the student's needs cannot be met by accommodation at the assigned school, and (3) the specific reasons reassignment to another school will benefit the student more than accommodations for the student at his/her assigned school.

Please have your child's physician, psychiatrist, and/or psychologist provide the following information and attach any supporting documentation. Physician letters may be submitted in lieu of this form.

1. The nature of the child's handicap or illness.

2. The specific reason(s) the child's needs cannot be met by accommodation at the assigned school.

3. The specific reasons reassignment to another school will benefit the child more than accommodations for him/her at the assigned school.

Student name: _____

Physician signature: _____

Physician printed name: _____

Phone number: _____

Date: _____