



School Support Services ◊ Murdock Center  
 1445 Education Way  
 Port Charlotte, FL 33948  
 Office: 941/255-0808  
 Fax: 941/255-7573  
 www.yourcharlotteschools.net

## STUDENT OUT-OF-COUNTY REASSIGNMENT

- REQUEST** for the current school year (2023/24)
- NOTIFICATION** for the upcoming 2024/25 school year including early childhood programs and kindergarten round-up only.

Appendix 16

School Board Rule 5120, *Student Assignment*, permits Out-of-County parents to enroll their child in a school other than the one to which they have been assigned in their home county. Schools that have reached capacity will be closed to student reassignment. Please refer to the district website for a listing of closed schools. Reassignments are granted through the completion of the highest-grade level offered at each school site. Preference will be given to that student's other siblings to attend the same out-of- district school.

### STUDENT INFORMATION (PLEASE PRINT)

Date: \_\_\_\_\_

\_\_\_\_\_  
 Last Name First Name MI Age Date of Birth

\_\_\_\_\_  
 Address City State Zip Starting reassignment grade: \_\_\_\_\_

\_\_\_\_\_  
 Home Phone Number Work Phone Cell Phone

Number Assigned County & School: \_\_\_\_\_ Current School: \_\_\_\_\_

Requested School: \_\_\_\_\_ Starting School Year: 20\_\_\_\_ / 20\_\_\_\_

**\*Parent/Guardian/Caregiver email address for receipt of approved reassignment:** \_\_\_\_\_

Reason for Request (see reverse for applicable reasons): \_\_\_\_\_

Please check (✓) those conditions and/or special programs, which apply to your child:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Exceptional Student Education (ESE) | <input type="checkbox"/> Pre-K                            | <input type="checkbox"/> Sibling Currently Attends Requested School ** |
| <input type="checkbox"/> 504 Plan                            | <input type="checkbox"/> Health Concern *                 | <input type="checkbox"/> Supervision Hardship *                        |
| <input type="checkbox"/> ELL                                 | <input type="checkbox"/> Active Military Transfer Orders* | <input type="checkbox"/> Seeking to Attend Year Round School           |

(\* Please attach written explanation

(\*\*) Name of sibling currently attending requested school \_\_\_\_\_

- Has this student ever been:
1. Expelled from a school or school system?  YES  NO
  2. Arrested and/or charged with a juvenile or adult crime?  YES  NO
  3. Involved with Juvenile Justice?  YES  NO
  4. Referred for mental health services by another school system?  YES  NO

If any answers to the above questions are yes, please explain \_\_\_\_\_

If you have a high school student who is requesting reassignment into Charlotte County and your student is interested in participating in High School interscholastic athletics at his/her school please check one of the following boxes:  Yes (see below)  No

**If you checked YES to your child's interest in participating in athletics, you must meet with the high school athletic director of your school of choice before your reassignment request will be considered. Student athletes will be asked to complete an "Affidavit of Compliance with the FHSAA Policy on Athletic Recruiting" at this meeting.**

\_\_\_\_\_  
 RECEIVING School Athletic Director Signature Date

#### I understand that

- Transportation is the responsibility of the parent or guardian.
- Falsifying or omitting information requested will result in revocation of reassignment privilege.
- **Out-of-County Student Reassignment Applications must be completed in order for your child to attend a school outside of your county of residence.**
- Upon recommendation of the principal and the review of the Hardship Committee, a student may be returned to their assigned county for the following reasons: discipline problems, attendance problems and/or reasons for reassignment are no longer valid.
- Approval of this reassignment does not guarantee athletic eligibility.

\_\_\_\_\_  
 Parent/Guardian/Caregiver (PRINT) Name Date

\_\_\_\_\_  
 Parent/Guardian/Caregiver (SIGNATURE) Date

\_\_\_\_\_  
 RECEIVING DISTRICT Superintendent/Designee Signature

\_\_\_\_\_  
 Date  Granted  Denied

For Hardship Request Only:  APPROVED  DENIED MEETING DATE: \_\_\_\_\_

Comments: \_\_\_\_\_

Distribution: Reassignment Office Receiving School Parent/Guardian/Caregiver

## Directions for completing the Out-Of-County Student Reassignment Form

- Please indicate if the reassignment is a request or notification and the effective school year.
- Indicate the assigned school/county and the requested school.
- State reason for request. (*Please select from one of the reasons below or attach a written explanation*)
  - **A.** Students who change residence and school attendance boundaries may remain at the out-of-boundary school until completion of the highest grade offered at that school.
  - **B.** Siblings of a student enrolled in an exceptional education program (ESE) at a school different from the assigned school may attend the same school as the student in the ESE program. Transportation is not provided.
  - **C.** Students who wish to attend an out-of-boundary school in order to participate in a selected curriculum program currently unavailable at their assigned school, may do so providing the student has demonstrated academic ability to be successful. To be eligible for continued reassignment, the student must maintain a "C" average for the year.
  - **D.** Students may be granted permission to attend an out-of-boundary school if the parent/guardian is employed and the responsible guardian presents evidence that a problem in supervision exists before or after school. Please attach documentation.
  - **E.** Children, who are currently enrolled in a school, who move due to a court ordered change in custody due to a separation or divorce, or the serious illness or death of a custodial parent. Please attach documentation.
  - **F.** Students may be reassignment for valid health reasons. Reasons based on physical health must be certified by the student's physician and specify the reasons why the reassignment is necessary or desirable. Reasons based on mental health must be certified by a licensed mental health professional. Please attach documentation.
  - **G.** Parents who plan to move into another attendance area, but who have not yet moved at the time they wish to register the child, may fill out an application for student reassignment. This must be accompanied by a legal document, such as a contract, showing the location of the prospective address and the closing date (month/day/year)
  - **H.** Full time Charlotte County Public Schools employees may enroll their children at the school of their choice, regardless of any restrictions, unless the school is at enrollment capacity.
  - **I.** Student is a dependent child of active duty military personnel whose parent is transferred or is pending transfer as defined by F.S. **1003.05.**
  - **J.** Other Parent/Guardian explain in writing and attach to the request
- Check any conditions that may apply to your child.
- Answer yes or no to expulsion/arrest/DJJ involvement your child may have had.
- If any answers to above question are yes, explain situation.
- Check any special conditions that apply to your child.
- Print and sign your name as the Parent/Guardian/Caregiver.
- If you are applying for a release from Charlotte County Public Schools for your child to attend a school outside of Charlotte County, simply contact the county in which you wish your child to attend and obtain the appropriate paperwork in order to attend a school in that county.
- **All high school students who checked YES** to their interest in participating in athletics **must meet** with the high school athletic director of their school of choice. At this meeting, student athletes will be asked to complete an "Affidavit of Compliance with the FHSAA Policy on Athletic Recruiting."

\*Return the completed application either by fax to (941) 255-7573, mail or in person to:

Charlotte County Public Schools  
1445 Education Way  
Port Charlotte, FL 33948  
Attention: Student Services/Reassignments

Please note:

- Out of County Reassignment Forms **must be completed when** you wish to have your student attend a school outside of the county in which you reside.
- Out of County Reassignments are granted through the completion of the highest grade level offered at the requested school site. (Elementary through 5th grade, Middle through 8th grade, High through 12th grade)
- Parents/Guardians whose children are ready for the next level of schooling (elementary-to-middle-to-high) will need to complete a new out-of-county reassignment form.
- Any desired change of school placement will require a new out-of-county reassignment form to be completed.
- Transportation to and from school is the responsibility of the parent/guardian.
- Falsifying and/or omitting accurate information on the reassignment form will result in revocation of the student reassignment privilege.
- Upon the recommendation of the principal and the review and approval of the Hardship Committee, a student may be returned to the assigned school in his/her district for the following reasons: discipline and/or attendance problems; or other changes in circumstances.
- Year Round elementary school reassignments must be approved no later than ten school days from the start of the Year Round School Calendar.