



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

STUDENT IN-COUNTY REASSIGNMENT

- REQUEST** (APRIL THROUGH JANUARY)
- NOTIFICATION** (FEBRUARY-MARCH OPEN ENROLLMENT, EARLY CHILDHOOD PROGRAMS OR KINGERGARTEN ROUND-UP ONLY)

Appendix 16 A

School Board Rule 5120, *Student Assignment*, permits parents to enroll their child in a school other than the one to which they have been assigned. This choice must be made during the months of February through March and will become effective at the start of the next school year. Parents or guardians requesting a student reassignment at any time other than February and March must complete this application as a REQUEST and submit to the district Hardship Committee. 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. **Students will not be allowed to change school assignments during the school year without prior approval of the Hardship Committee.**

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 Number	Cell Phone	_____	
_____	_____	_____	_____	

Assigned School: _____ Current School: _____

Requested School: _____ Starting School Year: 20____/20____

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"/> Sibling Attends Year-Round School |

(*) Please attach written explanation

Request Reason: Choose corresponding reason from reverse side. (Example: **A**)

Additional information (if needed):

My student is interested in participating in interscholastic athletics at his/her High School 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.
- Students may have this privilege revoked with an immediate return to assigned school.
- Falsifying or omitting information requested will result in revocation of reassignment privilege.
- Upon recommendation of the principal and the review of the Hardship Committee, a student may be returned to their assigned school 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 (Printed) Date

_____/_____
 Parent/Guardian/Caregiver (Signature) Date

_____/_____
 Sending Principal Signature Date

_____/_____
 Receiving Principal Signature Date

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

Approved Denied

_____/_____
 Superintendent/Designee Signature Date

For Hardship Request Only: APPROVED DENIED MEETING DATE: _____
 Comments: _____

Distribution: Reassignment Office Receiving School Parent/Guardian/Caregiver

Reassignment Request Guidelines

If a school or grade level is closed because it has reached its capacity level, request for student reassignment will NOT be considered. The following list represents the valid reasons for which a transfer may be approved.

- A. Students who change residence and school attendance boundaries may remain at the out-of-boundary school until completion of the highest grade offered. (Example: Student lives in Port Charlotte High School [PCHS] attendance zone and attends PCHS. Family moves to Charlotte High School [CHS] attendance zone. Student may choose to remain at PCHS.)
- B. Siblings of a student enrolled in an exceptional education program at a school different from the assigned school may attend the same school as the student in the exceptional education 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 the academic ability to be successful. To be eligible for continued reassignment, the student must maintain a "C" average for the year.
- D. Students in Charlotte County whose primary nighttime residence is in a supervised publicly or privately operated shelter for temporary accommodations (or in a public or private place not designated for or ordinarily used for continuing human habitation) shall be entitled to enrollment in Charlotte County Public Schools.
- E. 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 additional information.**
- F. Children 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. **Documentation must be completed and attached with Application for Student Reassignment.**
- G. Students may be reassigned 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. **Documentation must be completed and attached with Application for Student Reassignment.**
- H. 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 contract, showing the location of the prospective address and the closing date (month/day/year).**
- I. The administration is authorized to initiate or approve reassignment if it is of the opinion there are unique factors present which would inhibit the success of a student at one school and increase it at another. Such factors mainly would be in the area of special health problems, court, and other agency recommendations.
- J. 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.
- K. Other. Parent must explain in writing.

Revocation of Student Reassignment Privilege

Upon 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 attendance zone at the beginning of the next grading period for the following reasons: discipline, attendance problems and/or reasons for reassignment are no longer valid.