



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** (APRIL THROUGH JANUARY)
- NOTIFICATION** (FEBRUARY-MARCH OPEN ENROLLMENT, EARLY CHILDHOOD PROGRAMS OR KINGERGARTEN 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. 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.

STUDENT INFORMATION (PLEASE PRINT)

Date: _____

Last Name	First Name	MI	Age	Date of Birth

Address		City	State	Zip
_____		_____	_____	_____
Home Phone Number	Work Phone Number	Cell Phone	Starting reassignment grade: _____	
_____	_____	_____	_____	
Assigned School & County: _____		Current School: _____		
Requested School: _____		Starting School Year: 20____ / 20____		
Reason for Request: _____				

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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Arrested and/or charged with a juvenile or adult crime? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Involved with Juvenile Justice? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Referred for mental health services by another school system? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 (**Printed**) Name _____ Date _____ Parent/Guardian/Caregiver (**Signature**) _____ Date _____

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

RECEIVING DISTRICT Superintendent/Designee Signature _____ Date _____ Granted Denied

For Hardship Request Only: APPROVED DENIED MEETING DATE: _____

Comments: _____

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

- Please indicate if the reassignment is a request or notification.
- Indicate what school year this request will be effective.
- Print and complete the student information as requested.
- Indicate the assigned school/county and the requested school.
- State reason for 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 to have your child attend Charlotte County Public Schools, the “receiving” principal **must sign** the application prior to processing
- 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 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 each school site.
- 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.
- Student is a dependent of a former or current member of the United States military as defined by F.S. 1003.051 (b).