

6 F K R R O 6 X S S R U W 6 H U Y L F H V , 0 X U G R E N & H O W H U
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Port Charlotte, FL 33948
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STUDENT IN-COUNTY REASSIGNMENT

% REQUEST for the F X U U H Q W school year (202 /2

% NOTIFICATION for the upcoming 202 /2
school year including early childhood g children

Appendix 16 A

CellPhone

Assigned School: _____ Current School: _____
Requested School: _____ Starting School Year _____ /20 _____

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

..Exceptional Student Education (ESE) ..Pre K ..Sibling Currently Attends Requested School*
..504 Plan ..Health Concern D W W D F K H [S O D Q D W L R Q ..Supervision Hardship D W W D F K Z U L W W H Q
...ELL ..Active Military Transfer Orders D W W D F K Z U L W W H Q Seeking to Attend Year Round School

Request Reason

My student is interested in participating in interscholastic athletics at his/her High School
, I \ R F K H F N (H O W R X F K X

Yes(See Below) No



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.

Students seeking reassignment to a “Year Round elementary school” must seek reassignment no later than ten school days from the start of the Year Round school calendar.

\$ Students who change residence and school attendance boundaries may remain at the out-of-boundary school until
FRPSOHWLRQ RI WKH KLJKHVW JUDGH RIIHUG ([DP SOH 6WXGHQW OLYH
]RQH DQG DWWHQGV 3&+6)DPLO\ PRYHV WR &KDUORWWH +LJK 6FKRRO >
UHPDLQ DW 3&+6

%Siblings of