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 (202 /2

NOTIFICATION for the upcoming 202 /2 school year including early childhood programs and kindergarten round-up only.

Appendix 16

STUDENT INFORMATION (PLEASE PRINT)

Date:_____

Last Name First Name MI Age Date of Birth

_____ _____Starting reassignment grade:_____

Address City State Zip

Home Phone Number Work Phone

Number Assigned& R X Q W\ F K R R O: _____

Current School:_____

Requested School:_____

Starting School Yea U _____ / 20_____

Reason for Request V H H U H Y H U V H I R U D S S O L F D E O H U H D V R Q V

Exceptional Student Education (ESE)
504 Plan
ELL

Pre-K
Health Concern*
Active Military Transfer Orders*

Sibling Currently Attends Requested School**
Supervision Hardship*
Seeking to Attend Year Round School

(*) Please attach written explanation

(**) Name of sibling currently attending requested school _____

Has this student ever been:

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

, I \R X F K H F N H G < (6 W R \R X U F K L O G ¶ V L Q W H U H V W L Q S D U W L F L S D W L Q J L Q K L J K V F K R R O D W K O H W L F V choice before your reassignment request will be considered. Student athletes will be asked to complete D Q ³ $ I I L G D Y L W R I & R P S O L) + 6 $ $ 3 R O L F \ R Q $ W K O H W L F 5 H F U X L W L Q J ´ D W W K L V P H H W L Q J

_____/ _____

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 reil-16 (d)9 (e)4 (r)4 ( )-2 (f)-13 (o)7 (r)4 (6a)4 (re)4 44 >>BDC /C2_1 9 Tf 0.5851 0 0 1 58.8709 229.0045 Tm <00BE>Tj /T08

Directions for completing the Out-Of-County 6 W X G H Q W 5 H D V V L J Q P H Q

x Please indicate if the reassignment is a request or notification