6FKRRO 6XSSRUW 6HUYLFHV ¸ 0XUGREN &HOWHU
1445 Education Way
Port Charlotte, FL 33948
Office: 941/255-0808
Fax: 941/255-7573
www.yourcharlotteschools.net

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 chi ldhood

Appendix 16 A

CellPhone

Assigned School: _____ Current School: _____

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

Please check (9) those conditions and/or special programs, which apply to your child:

- Exceptional Student Education (ESE)
- 504 Plan
- ELL
- Pre K
- Health Concern D W W D F K H [S O D Q D W L R Q
- Active Military Transfer Orders D W W D F K Z U L W W H Q
- Sibling Currently Attends Requested School*
- Supervision Hardship 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 Yes (See Below) No

, I \ RF-K H F N (-6 W V RR XF UK X

□

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 F R P S O H W L R Q R I W K H K L J K H V W J U D G H R I I H U H G ([D P S O H 6 W X G H Q W O L Y H] R Q H D Q G D W W H Q G V 3 & + 6) D P L O \ P R Y H V W R & K D U O R W W H + L J K 6 F K R O > U H P D L Q D W 3 & + 6
- %Siblings of