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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  ..Supervision Hardship
- ..ELL  ..Active Military Transfer Orders  ..Seeking to Attend Year Round School

Request Reason

My student is interested in participating in interschool athletics at his/her High School  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