

STUDENT OUT-OF-COUNTY REASSIGNMENT

REQUEST for the current school year (202)2

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

Appendix 16

STUDENT INFORMATION (PLEASE PRINT)

Date: _____

Last Name _____ First Name _____ MI _____ Age _____ Date of Birth _____
Address _____ City _____ State _____ Zip _____ Starting reassignment grade: _____
Home Phone Number _____ Work Phone _____
Number Assigned & R X Q W F K R R O: _____ Current School: _____
Requested School: _____ Starting School Year 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) Pre-K Sibling Currently Attends Requested School
504 Plan Health Concern† Supervision Hardship
ELL Active Military Transfer Orders* 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 (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 or of your school of choice before your reassignment request will be considered Student athletes will be asked to complete a 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 /T0

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