

1445 Education Way
Port Charlotte, FL 33948
Office: 941/255-0808
Fax: 941/255-7573
www.yourcharlotteschools.net

Appendix 16 A

STUDENT IN-COUNTY REASSIGNMENT

REQUEST for the current school year (2024/25)

NOTIFICATION for the upcoming 2025/26 school year including early childhood programs and kindergarten round-up only.

STUDENT INFORMATION (PLEASE PRINT)

Date: _____

Last Name _____ First Name _____

MI _____ Age _____ Date of Birth _____

Address _____ City _____

_____ Starting reassignment grade: _____
State Zip

Primary Cell Phone Number _____

***Parent/Guardian email address for notification of reassign**

If a school or grade level is closed because it has reached its capacity level, request for student reassignment will not be granted. The following list represents the valid reasons for which a transfer may