

School Support Services Murdock Center
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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 programs
and kindergarten round-up only.

Appendix 16 A

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	Cell Phone		

Assigned School: _____ Current School: _____



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 enrollment in the new school is approved. ~~FRPSOHWLRQ RT WKH KLSKHVW JUDGH RTHHG (DPSONH WXGHQW OLYP]RQH DQG DWWHQGV 3&+6)DPLO\ PRYHV WR &KDUORWWH +LJK 6FKRRO > UHPDLQ DW 3&+6~~

% Siblings of a student enrolled in an exceptional education program at a school different from the assigned ~~DPSONH WXGHQW OLYP]RQH DQG DWWHQGV 3&+6)DPLO\ PRYHV WR &KDUORWWH +LJK 6FKRRO > UHPDLQ DW 3&+6~~