



THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
DEPARTMENT OF CHOICE AND CAREER OPTIONS

## IMPORTANT STUDENT REASSIGNMENT INFORMATION

Instructions on submitting a reassignment request are listed below. Please note that submitting an application does not guarantee approval into requested school. Submission of your request must be reviewed in accordance with school board policy 5.015, which can be viewed at [www.palmbeachschools.org/policies/](http://www.palmbeachschools.org/policies/) (Chapter 5). The application must be complete and all required documentation must be attached or application will not be processed.

### You must meet the following requirements to request student reassignment:

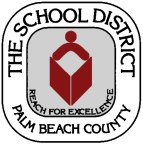
1. Parent/Legal Guardian must be permanent residents of Palm Beach County and/or have been issued a Palm Beach County student ID number. Incoming Kindergartners without a student ID number must first register at their zoned school to obtain a student ID number.
2. The requested school must be available pursuant to School Board Policy 5.015. To see the entire Policy go to <http://www.palmbeachschools.org/choiceprograms/ReassignmentInfo.asp>, (Chapter 5).
3. Palm Beach County school district employees who reside out of county must obtain a release from their home county prior to submitting a request for reassignment into Palm Beach County.

### Important information about student reassignment:

- First semester application window is April 1 through June 1 for the upcoming school year; Second semester application window is October 1 through October 31, with limited exceptions.
- Eligibility for reassignment and the process are governed by Policy 5.015.
- School transportation is **NOT PROVIDED** by the Palm Beach County School District to students who are granted reassignment.
- Reassignment approval does not guarantee eligibility for athletic teams or other extracurricular activities as explained in the Policy. Contact your principal for information about eligibility.
- Attendance and discipline records influence reassignment requests.
- School reassignment is subject to change by the Department of Choice and Career Options during review.
- Except for exceptions in Policy 5.015 (4), all reassignments are measured against concurrency standards which are adopted by the School Board. Schools with enrollment at or above 100% of capacity, new schools, schools that are overcrowded due to construction-related issues, and schools that lack available classrooms due to special programs cannot be considered as a receiving school. Policy 5.015(4).
- Due to the reasons set forth in Policy 5.015, paragraph twelve, a student may be returned to his/her assigned attendance area school if:
  1. the student becomes a discipline and/or attendance problem.\*
  2. the student's parent or guardian is unable or unwilling to work with the policies and procedures of the reassigned school.\*
  3. the reasons for reassignment are no longer valid, or the reasons for registration or reassignment were fraudulent.\*
  4. the student withdraws from the reassigned school.\*
  5. the school's utilization has increased to 100% of the capacity.\*

*\*Parents may be informed that they are no longer able to remain at the reassigned school at any time prior to the beginning of the new school year and/or during the school year pursuant to policy 5.015*

Submit this completed and signed form to the Department of Choice and Career Options, 3308 Forest Hill Boulevard, C-124, West Palm Beach, FL 33406-5869 or fax to 561-434-8843.



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
DEPARTMENT OF CHOICE AND CAREER OPTIONS

Student Reassignment Application

Student Number (REQUIRED)
Request for School Year:

Read the preceding page, "Important Student Reassignment Information" carefully before completing this application. Submit this completed and signed form to the Department of Choice and Career Options, 3308 Forest Hill Boulevard, C-124, West Palm Beach, FL 33406-5869 or fax to (561) 434-8843.

Student Name (Last, First, Middle Initial) PRINT LEGIBLY
Age Date of Birth Grade Requesting Sex Race
Name of Parent or Legal Guardian Home Telephone Work Telephone/ Mobile Number
Address of Parent or Legal Guardian (street/apt #, city, state, zip code)
ELL/ESE/504 Plan Email Address of Parent or Legal Guardian (PRINT LEGIBLY) Responses will be e-mailed to this address

\*A copy of the student's Individual Education Plan (IEP), ELL or 504 Plan MUST be attached to this application.

Student is requesting to be reassigned to (name of school)

What is the school attendance area in which the student now lives?

Does the student currently have a reassignment? Yes No

What is the reason the student is requesting reassignment (choose all that apply) per School Board Policy 5.015?

- Supervision Hardship - Grades K-5 ONLY
Parent Employment Verification and Reassignment Supervision Hardship (PBSD 0879) and explanation of hardship must be attached
Student Health Reasons
Student Reassignment Health Confirmation (PBSD 1893) must be completed by physician and attached
Majority to Minority
Completing Current School Year at current school
High School Senior/Last Grade
Moving into Attendance Zone (attach valid proof)
Parent or Guardian is PBC School District Employee
Other Good Cause (explanation required)

A letter with specific reason(s) why reassignment is being requested to the school listed above MUST be attached to each request or it may not be processed

I understand and agree to all of the following:

- 1. I understand that Reassignment Requests are accepted April 1 through June 1 only for the upcoming first semester and October 1 through 31 only for second semester, with limited exceptions.
2. I realize certain schools are not available pursuant to the rules in School Board Policy 5.015, such as schools with enrollment above capacity and schools in the first year of operation.
3. The results of the request will be e-mailed or mailed to the above address. Telephone requests for results cannot be honored due to privacy issues.
4. My signature below verifies that I declare, under perjury, pursuant to Florida Statute, Section 92.525, that I have read this application and the information stated in this application is true and correct.
5. Student reassignments are subject to review at least annually.
6. I understand that transportation for reassignments is not provided by the school district. I am responsible for providing transportation.

DO NOT WRITE BELOW-Department Use Only
APPROVED VOID/CANCELED
NOT APPROVED RETURNED
Non-receiving School Incomplete App
Attendance/Discipline Window Closed
Guidelines
Signature of Director or Designee Date

Signature of Parent/Legal Guardian (Required) Date