

WAKULLA COUNTY SCHOOL DISTRICT
ANNUAL SCHOOL REASSIGNMENT APPLICATION 2023-2024
(Must apply each year. Separate application per student)

PLEASE PRINT LEGIBLY – COMPLETE THE ENTIRE FORM AND RETURN TO
THE OFFICE OF INSTRUCTIONAL SERVICES Attention: Nicole Lovel

Forms may be dropped off or mailed to 69 Arran Road; Crawfordville, FL 32327 or emailed to nicole.lovel@wcsb.us
Applications **must be submitted by Friday, March 3, 2023**. Forms received after the deadline will be placed on a
waiting list in the order in which they are received.

Was your child granted a reassignment last school year
for the same school you are requesting? _____

Today's Date: _____ School currently zoned for: _____

School requested: _____ Grade Level for requested year: _____

Student Name: _____ Physical Address: _____

City/State/Zip: _____

Student Date of Birth: _____ Sex: M F Ethnicity: _____

Parent/Guardian Name: _____

Parent/Guardian Mailing Address :
(if different from above) _____

City/State/Zip: _____

Parent Email:
*(Will be used to contact
you regarding approval)*

Home Work Cell
Number: _____ Number: _____ Number: _____

Are you requesting Out of Zone Reassignment for siblings in the same school?

If yes, please print the name of each sibling below. (Separate application required for each child requested.)

Sibling 1: _____ Sibling 2: _____

Sibling 3: _____ Sibling 4: _____

See FS 1002.31 for priority status or see Wakullaschooldistrict.org for more information.

**APPLICATIONS WILL BE PROCESSED IN THE ORDER IN WHICH THEY ARE RECEIVED. A
LOTTERY WILL BE INSTITUTED IF A SCHOOL NEARS 90% CAPACITY BASED ON STUDENT
REQUESTS**

STUDENT REASSIGNMENT CONTRACT

All educational programs, activities, and opportunities offered by public educational institutions must be made available without discrimination on the basis of race, ethnicity, national origin, gender, disability, or marital status, in accordance with the provisions of s. 1000.05

This contract between *the Wakulla County School District* and the student named on page one of this form is to provide an educational opportunity for the student who wished to transfer pursuant to s. 1002.31. It is clearly understood that the student will be withdrawn from the assigned school and assigned to the home school if ANY of the following conditions and responsibilities are violated as determined by the administration of the out-of-zone school.

A. REGULAR CLASS ATTENDANCE

The student agrees to attend class on time every day except when the absence is verified through a written excuse from the parent or guardian. School administration may require official third party documentation such as a doctor's note for excessive absenteeism and/or tardies.

B. MAINTENANCE OF PASSING GRADES

The student must maintain passing grades in order to remain in compliance.

C. SOCIAL BEHAVIOR

The student agrees to exhibit acceptable social behavior on campus and at school related activities and agrees to refrain from involvement with drugs, alcohol or tobacco.

D. CLASSROOM, SCHOOL AND DISTRICT RULES AND POLICIES

The student agrees to follow all classroom, school and district rules and policies and understands that a referral to the administration for a rules or policy violation may VOID this contract.

E. TRANSPORTATION

Transportation will be provided at regular bus stops within Wakulla County. Parents/Guardians are required to provide transportation to school or regular bus stop if granted out-of-zone

Student Signature

Date

Parent/Guardian Signature

Date

OFFICIAL USE ONLY

Transfer request approved

Notes: _____

Transfer request NOT approved

Notes: _____

Review Committee Chair Signature

Date