



# Holmes County School District

## Annual School Reassignment Application 2017/2018

(Must apply each year. Separate application per student.)

PLEASE PRINT LEGIBLY – COMPLETE THE ENTIRE FORM AND RETURN TO THE INSTRUCTIONAL ADMINISTRATOR'S OFFICE

Attention: Instructional Administrator, Pamela Price

[pricep@hdsb.org](mailto:pricep@hdsb.org) or fax to 850-547-3568

Out-of-Zone applications must be submitted by April 21, 2017. See FS 1002.31 for priority status or see [www.hdsb.org](http://www.hdsb.org) for more information.

Today's Date: \_\_\_\_\_

Was your child granted an Out of Zone Reassignment last school year for the same school you are requesting? \_\_\_\_\_

Are you requesting an Out of Zone Reassignment for a sibling? \_\_\_\_\_

(Separate applications required for each child requested.)

Sibling 1: \_\_\_\_\_

Sibling 2: \_\_\_\_\_

Sibling 3: \_\_\_\_\_

Sibling 4: \_\_\_\_\_

School Requested: \_\_\_\_\_

Grade Level for requested year: \_\_\_\_\_

School year for this request: \_\_\_\_\_

School currently zoned for: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_

Sex: M

F

Ethnicity: \_\_\_\_\_

Student Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Mailing Address: \_\_\_\_\_

(if different from above)

City/State/Zip: \_\_\_\_\_

Home  
Number: \_\_\_\_\_

Work  
Number: \_\_\_\_\_

Cell  
Number: \_\_\_\_\_

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 REQUEST

## HOLMES 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 Holmes County School District and the student named on page one of this form is 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 It is clearly understood that the student will be withdrawn from the assigned school and assigned to the home school if ANY of the following conditions and responsibilities are violated as determined by the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 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 tardiness.

**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 understand that a referral to the administration for rules or policy violation may VOID this contract.

**E. TRANSPORTATION**

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

\_\_\_\_\_

Student Signature	Date	Parent/Guardian Signature	Date
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**OFFICAL USE ONLY**

Transfer request approved

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Transfer request NOT approved

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Review Committee Chair Signature

\_\_\_\_\_

Date