

School Board of Brevard County

Office of School Choice

2700 Judge Fran Jamieson Way, Viera FL 32940-6601



School Year 2011-12

Renewal

New

Date/Time* _____ / _____

Request For Out-of-Area Assignment (K-12)

The purpose of this form is to request permission for your child to attend a school other than the school serving your residential area. Approval/disapproval of your request is subject to criteria including space available, appropriate facility, availability of program, and your acceptance of responsibility for transportation, good attendance, academic effort, and acceptable behavior. Requests for transfer are valid for the current school year only. In cases of severe health problems, a letter of explanation and statement by a licensed physician should be attached. In cases of hardship, a letter should be attached. **Brevard Public Schools reserves the right to revoke out of area assignments to ensure compliance of the Class Size Amendment Act as prescribed by the Florida Constitution.**

Please Print

Student's Last Name, First Name	Date of Birth	Student Number	2011-2012 Grade
Address	City	State	Zip Code
Name of Parent/Guardian	Home Phone	Mother Cell	Father Cell
Assigned District School _____	Exceptional Ed. Program(s) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
School Attended in 2010-11 _____	School Board Employee _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
School Requested _____	School Based Employee _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Is Sibling Applying for Out of Area? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Request (use additional paper if needed): _____	Sibling's Last Name, First Name _____	2011-12 Grade _____	

Parent Signature

Date

Principal of Assigned School (Not Required for Renewal)	<input type="checkbox"/> Recommend to Approve _____	<input type="checkbox"/> Recommend to Deny <input type="checkbox"/> Assigned School Closed to Outgoing Students <input type="checkbox"/> Other _____
Principal of Requested School	<input type="checkbox"/> Recommend to Approve <input type="checkbox"/> School Board Employee <input type="checkbox"/> School Based Employee <input type="checkbox"/> Military Family <input type="checkbox"/> Renewal Student <input type="checkbox"/> "Grandfathered" Student <input type="checkbox"/> Other _____	<input type="checkbox"/> Recommend to Deny <input type="checkbox"/> Requested School Closed to Incoming Students <input type="checkbox"/> Assigned School Closed to Outgoing Students <input type="checkbox"/> Class Size <input type="checkbox"/> Failure to Abide by Student Contract (Renewal Only) <input type="checkbox"/> Other _____
Director of School Choice _____	Date _____	<input type="checkbox"/> Approve <input type="checkbox"/> Deny
		2011-12 School Assignment

Vicki Mace, Director
 Brian T. Binggeli, Ed.D., Superintendent
 Phone: (321) 633-1000, Ext. 395 • FAX: (321) 632-1508

OUT OF AREA ASSIGNMENT
Student Responsibilities

2011-2012

_____ 09 10 11 12
Student No. Student Last Name Student First Name

Students who are approved for Out of Area assignment to Satellite High School agree to the following conditions:

1. The student will maintain a minimum 2.0 GPA in all courses
2. The student will attend class regularly and on time. The student will not have excessive tardiness. No more than nine absences per semester will be permitted. This does not include administratively approved or medically excused absences.
3. The student will maintain satisfactory conduct at all times with no out-of-school suspensions.

Failure to comply with any of the three conditions above may result in immediate revocation of the out of area assignment by the principal. Both the student and parent/guardian must sign the form. Please return both forms to the front office.

Thank you.

Student Signature

Date

Parent/Guardian Signature

Date

Principal/Designee

Date