



## POLICY 5.015

**4-B** I recommend that the Board adopt the proposed revised Policy 5.015, entitled “Student Reassignment.”

[Contact: Barbara Terembes, PX 48118.]

### Adoption

### CONSENT ITEM

- The Board approved development of this revised Policy at the development reading on April 11, 2012.
- Changes requested at that meeting have been made and are as follows:
  - Line 25 section title changed to “Conditions of Requests”.
  - Line 26 added “Attendance and discipline records may be considered when granting, denying or revoking a reassignment. However, reassignments will not be denied or revoked based upon a manifestation of disability.”
  - Lines 38-43 changed “the following schools shall not be available to reassignment:
    - i. ~~the school is a new facility~~ facilities in its first school year;
    - ii. schools with construction-related issues exist, leading to crowding on the campus; or
    - iii. schools with special programs at the school lead to lack of available classrooms; and
  - Line 54 added “No reassignment request will be granted for the purpose recruiting students for athletic purpose as prohibited by the FHSAA bylaws.”
  - Lines 71-75 added “the highest grade in their school” and struck “grade 5 or grade 8”.
- This revision updates the department name involved with student reassignment requests.
- Additional updates to the policy to reflect practice and procedure include:

- in paragraph 4 (a), expanding the exceptions to conditions precedent for determining if the requested reassignment is to a school accepting student reassignments.
- in paragraph 5, providing further explanation of the reasons a parent may request a student reassignment including allowing students to request continuation of a reassignment if entering grades 5 or 8 under certain conditions, eliminating reassignment requests based upon *Into County High School schedule or curriculum compatibility*, requiring documentation with reassignment requests to complete the school year after moving, modifying the majority-to-minority reassignment requests, and providing details of the reassignment request process for students of district employee reassignments for students not residing in Palm Beach County.
- in paragraph 7, stating details of the appeals process if a reassignment request is not approved.
- in paragraph 12, providing further explanation of some of the reasons for requiring the student to return to the home school.

## POLICY 5.015

### STUDENT REASSIGNMENT

#### 1. Attendance Where Assigned

Except as otherwise allowed below and approved by the appropriate processes (or except as allowed by assignment to an alternative school, or admission to a choice program, ~~such as a magnet program, career academy, or charter school~~), all students residing within a particular attendance zone shall attend the assigned school for the zone of residence. No student may enroll in a school outside the regular attendance boundary in anticipation of receiving an approved transfer.

#### 2. Limited Scope

This Policy is not intended to govern assignments under Policy 5.01(1)(c), (e), or (f) transfers or reassignments under applicable collective bargaining agreements or under special statutory transfer programs such as the No Child Left Behind Act, the charter schools statute, the Opportunity Scholarships Program, or McKay Scholarships for Students with Disabilities Program. Transfers under those agreements or programs shall be governed by the applicable contract terms, policies, or statutes. Because pre-kindergarten is not a mandatory program, no reassignment options are available for pre-K students.

#### 3. Discretion to Consider Requests

The School Board has delegated to the Superintendent and/or Department of ~~Choice Programs and School Choice~~ and Career Options the authority to consider and approve, when appropriate, individual reassignment requests for students who desire to attend a school other than the one to which the student was assigned by virtue of Policy 5.01, as the address of the parent or adult student.

#### 4. Conditions of Precedent to Requests

Attendance and discipline records may be considered when granting, denying or revoking a reassignment. However, reassignments will not be denied or revoked based upon a manifestation of disability. ~~Attendance and discipline records influence reassignment requests.~~ Both of the following subsections (a) and (b) are conditions precedent to allowing a request for reassignment:

- a. ~~except under subsections (5)a, b, c, d, or g(i) or (h) below, the Department of Choice Programs and School Choice and Career Options must verify that the proposed receiving school has not reached 100% of capacity under the Florida Inventory of School Houses (except that no reassignment will be allowed, regardless of the level of service, when:~~ is listed on the District approved

36 reassignment school list because it has not reached 100% capacity under the  
37 Florida Inventory of School Houses or

38 b. the following schools shall not be available to reassignment:

39 i. ~~the school is a new facility~~ facilities in its first school year;

40 ii. schools with construction-related issues exist, leading to crowding on the  
41 campus; or

42 iii. schools with special programs at the school lead to lack of available  
43 classrooms; and

44 c. the requesting student must currently reside in Palm Beach County Florida,  
45 except under subsection (5)(c) below.

## 46 5. Bases for Requests

47 a. To request reassignment, the parent/student must use the applicable District  
48 form (PBSD 0249), which is incorporated herein by reference and may be  
49 found on the District's Web site at:  
50 [www.palmbeachschools.org/Records/FormSearch.asp](http://www.palmbeachschools.org/Records/FormSearch.asp), which must indicate  
51 that the parent/student has read and understood and had an opportunity to  
52 ask questions about the form and agrees to its provisions, including that the  
53 student may be required to return to the school in his/her assigned attendance  
54 area for the reasons stated in section (12) below. No reassignment request  
55 will be granted for the purpose of recruiting students for athletic purposes as  
56 prohibited by the FHSAA bylaws. The allowable bases for reassignment are:  
57 Parents may request reassignments for the following reasons only:

58 i. **Moving into the Zone.** When a student will be moving into a new  
59 attendance zone within 90 calendar days (as documented with valid  
60 proof, such as a deed for the new home, approved building permit, or  
61 notarized lease or rental agreement), the student may request to be  
62 currently reassigned to the school for the new residence.

63 ii. **Completing the School Year.** A student may request to finish the  
64 school year at the school where the student currently attends, in spite of  
65 moving to another attendance area after the first grading period. (Proof of  
66 time of move must be submitted with this reassignment request.)

67 iii. **High-School Senior's Privilege/Last Grade.** Seniors who attended  
68 their assigned schools as juniors may ~~be to~~ be allowed to remain in that  
69 same school as a senior, if they have at least seventeen (17) credits with  
70 a cumulative grade point average of 2.0 at the beginning of the school  
71 year, in spite of moving out of the attendance zone. Students entering the

72 highest grade in their school grade 5 or grade 8 may also be allowed to  
73 remain in the same school as they did for the previous year in spite of  
74 moving out of the attendance zone if they have no attendance or  
75 discipline issues.

76 iv. **Extenuating Health Circumstances of Student.** Any extenuating  
77 student health circumstances asserted as a basis for reassignment must  
78 be documented by a student reassignment health confirmation form  
79 (PBSD 1893), which is incorporated herein by reference and may be  
80 found on the District's Web site at:  
81 [www.palmbeachschools.org/Records/FormSearch.asp](http://www.palmbeachschools.org/Records/FormSearch.asp). This form must be  
82 completed by a physician (who must specify the health-related reasons  
83 why reassignment is necessary or desirable). Reasons based on mental  
84 health must be stated by a Board-certified psychiatrist who is not related  
85 to the student. All stated health reasons will be subject to medical review  
86 and must be documented to the satisfaction of the  
87 Superintendent/designee.

88 v. **Supervision Hardship.** When pre- and/or post-school-day supervision is  
89 determined to be necessary, but is not available at or near the student's  
90 assigned school, a supervision-hardship reassignment may be approved  
91 **only for students in grades K-5.** The hardship must be documented  
92 with a parent employment verification and a reassignment supervision  
93 hardship form (PBSD 0879), which is incorporated herein by reference  
94 and may be found on the District's Web site at:  
95 [www.palmbeachschools.org/Records/FormSearch.asp](http://www.palmbeachschools.org/Records/FormSearch.asp).

96 vi. **Majority-to-Minority.** Students attending their regularly assigned school  
97 and who are of the majority race/ethnicity/~~socioeconomic status~~  
98 (~~classified by whether or not the student is eligible for free/reduced-price~~  
99 ~~lunch~~) at that school have first priority for may request a transfer  
100 assignment to a school in which their race/ethnicity/~~socioeconomic~~ status  
101 is in the minority.

102 vii. **District Employee.** As a retention incentive, employees may request  
103 reassignments for their children under the following circumstances:

104 A. If an employee works at a school other than the one assigned by  
105 residence area, the employee may request reassignment for their  
106 children, of the appropriate grade level, to that school. This request  
107 may involve students not residing within Palm Beach County. If so,  
108 request for transfer form for Out-of-District enrollment from the  
109 sending county's School Board must be submitted and approved by  
110 the Superintendent or designee of the sending district.

111           B. District employees may make hardship reassignment requests to  
112 schools other than where they live ~~with the approval of the receiving~~  
113 ~~principal and if space is available in that grade, the school.~~ This  
114 request may involve students not residing within Palm Beach  
115 County. If so, request for transfer form for Out-of-District enrollment  
116 must be submitted from the sending county's School Board and  
117 approved by the Superintendent or designee of the sending district.

118           viii. **Other Good Cause Shown.** A reassignment may be approved, on a  
119 case-by-case basis, if other good and sufficient cause is demonstrated.

120           ~~**Into-County High School Schedule or Curriculum Compatibility.** A~~  
121 ~~student transferring into Palm Beach County during the school year may~~  
122 ~~request reassignment to a school where compatible scheduling or curriculum~~  
123 ~~is possible. The reassignment will be for the current school year only.~~

124           b. An application for transfer form must be completed by the parent or legal  
125 guardian of the student and forwarded to the District office designated on the  
126 application form. Application forms will be available in each public school in  
127 Palm Beach County and at the District office, as well as on the District's Web  
128 site.

129           c. Absent special circumstances, all transfer requests will be processed in the  
130 order they are received.

131           d. Transportation will be provided to those exercising their right to transfer under  
132 this rule if there is an existing bus route and space on that bus; thus, parents  
133 requesting such majority to minority transfers for their children should select a  
134 school reasonably close to their home, such that the distance traveled or time  
135 required for travel is not substantially increased. Should such transfer  
136 substantially increase the distance traveled, the Superintendent may deny the  
137 transfer.

138           e. Custodial parents/guardians will be notified in writing of approval or  
139 disapproval of the request.

140           f. The Superintendent shall inform all parents about the provisions of the  
141 majority to minority transfer rule by placing the information about the rule in the  
142 student/parent handbook and by providing each student a copy of the  
143 handbook.

144 **6. Process for Requesting Reassignment**

145           The specific reason(s) for a reassignment request must be explained on the  
146 appropriate District form (PBSD 0249), which is incorporated herein by reference  
147 and may be found on the District's Web site at:

148 [www.palmbeachschools.org/Records/FormSearch.asp](http://www.palmbeachschools.org/Records/FormSearch.asp).

- 149 a. Absent special circumstances for hardship cases or when the reason for  
150 reassignment arises for the first time after the prescribed date, the application  
151 for student reassignment must be submitted by the parent, legal guardian, or  
152 person acting as a parent between **April 1 and June 1 for first semester**  
153 **placement**; and requests for second semester placement must be submitted  
154 between **October 1 and October 31**. Application processing can take up to  
155 six (6) weeks.
- 156 b. The application must be submitted to the Department of Choice ~~Programs and~~  
157 ~~School Choice, and Career Options.~~ The specific school requested in a  
158 different attendance zone is subject to change during review by the  
159 department.
- 160 c. A reassignment shall remain in effect until the end of the school year only.  
161 Continuation beyond that period will be based on school capacity and  
162 continuing need, and the provisions within paragraph 12 below as reviewed by  
163 the receiving school's principal or the Department of Choice and Career  
164 Options.

## 165 7. **Appeals Process**

166 In cases in which a reassignment request that has met the conditions precedent  
167 (under section (4) above) is not approved, the student or his/her parent shall have  
168 the right of appeal to the Superintendent's Transfer Review Committee. Such  
169 appeal must be made within 5 days of receipt of the original denial to the  
170 Department of Choice and Career Options. The Transfer Review Committee  
171 hearing the appeal will be made up of a diverse group of three to five individuals  
172 who are employed by the District and have experience in the reassignment  
173 process. Parents will be given 15 minutes to present their argument in favor of the  
174 appeal, unless extended by the Committee upon request. Committee members will  
175 be allowed to ask questions. The Committee's determination regarding the appeal  
176 will be made within 24 hours of the Committee meeting. Parents will be notified via  
177 phone and/or in writing of the results of the Committee's decision. The decision of  
178 the Committee is final.

## 179 8. **Effect on Extra-curricular Activities**

180 Reassignment does not guarantee eligibility for athletic teams or other  
181 extracurricular activities, except as otherwise allowed by law.

## 182 9. **Transportation**

183 Reassigned students shall be required to provide their own transportation, unless  
184 the reassignment was based on the reason stated above in subsection (5)(f) ~~(g)~~.

185 **10. Failure to Meet Conditions Precedent, as Basis for Denial**

186 Reassignment requests which do not meet the conditions precedent as stated  
187 within section (4) above will not be approved. ~~for any reason, as i above~~

188 **11. Voluntary Return to Assigned School**

189 Upon request, a student shall be permitted to return to the assigned school serving  
190 his/her attendance zone; however, such revocation of reassignment shall be made  
191 at the end of a semester unless there are extenuating circumstances.

192 **12. Required Return to Assigned School**

193 School reassignment is subject to change by the Department of Choice Programs  
194 and ~~School Choice~~ and Career Options and the receiving school's principal for  
195 good cause upon review. In cases where a reassignment was for the purpose of  
196 allowing a student to attend a school in an area outside of his/her assigned area,  
197 the student may be required to return (after three calendar days) to the school in  
198 his/her assigned attendance area if:

199 a. the student becomes a discipline problem at the receiving school by  
200 committing a Level 3 or Level 4 infraction as categorized in Policy 5.1811 and  
201 Policy 5.1812 (for elementary students) or 5.1813 (for secondary students)  
202 (with the return being subject to the provisions of IDEA or section 504 of the  
203 Rehabilitation Act as reflected in the provisions of the student's IEP or 504  
204 plan, if any);

205 b. the student demonstrates a substantial attendance problem at the receiving  
206 school by accumulating four (4) unexcused absences (or absences for which  
207 the reasons are unknown) within a calendar month, or eight (8) unexcused  
208 absences (or absences for which the reasons are unknown) within a 90-  
209 calendar-day period (with the return being subject to the provisions of IDEA or  
210 section 504 of the Rehabilitation Act as reflected in the provisions of the  
211 student's IEP or 504 plan, if any);

212 c. the student's parent/guardian is unable or unwilling to work cooperatively  
213 within the policies and procedures of the reassigned school and that lack of  
214 cooperation appears to affect the student's cooperation or conduct;

215 d. the reasons for the reassignment are no longer valid (e.g., the parent no  
216 longer has a supervision hardship ~~within the scope of form PBS0-0879, which~~  
217 ~~is incorporated herein by reference and may be found on the District's Web~~  
218 ~~site at: [www.palmbeach.k12.fl.us/Records/FormSearch.asp](http://www.palmbeach.k12.fl.us/Records/FormSearch.asp));~~

219 e. it comes to the attention of the school that the reassignment or registration  
220 request was fraudulent (e.g. was intended to circumvent athletics-eligibility



221 rules or was supported by false documentation, in which case any further  
222 reassignments will be precluded for the remainder of the year);

223 f. the student fails to enroll in the reassigned school ~~in a timely manner~~ within  
224 10 school days or withdraws from the reassigned school; or

225 g. the school's utilization has increased to exceed 100% of capacity under the  
226 Florida Inventory of School Houses or the school is unable to meet Class Size  
227 Reduction requirements.

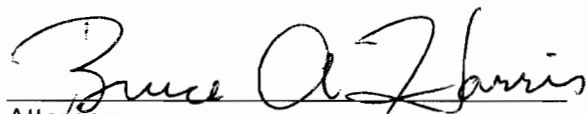
228 STATUTORY AUTHORITY: Fla. Stat. §§ 1001.41(2) & (3); 1001.42(25)

229 LAWS IMPLEMENTED: Fla. Stat. §§ 1001.32(2); 1001.41(3) & (6); 1001.42(4)

230 HISTORY: 5/31/2006; 4/2/2008; \_\_\_/\_\_\_ 2012

Legal Signoff:

The Legal Department has reviewed proposed Policy 5.015 and finds it legally sufficient for adoption by the Board.



Attorney

5/5/12

Date



THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
 DEPARTMENT OF CHOICE AND CAREER OPTIONS  
 3308 Forest Hill Boulevard, West Palm Beach, FL 33406 • (561) 434-8755 • FAX (561) 434-7300

## Parent Employment Verification and Reassignment Supervision Hardship

**PARENT/GUARDIAN:** Your application for student reassignment cannot be processed until this form has been returned to the Department of Choice and Career Options.

**EMPLOYER:** In order for us to maintain the integrity of the public schools in Palm Beach County it is necessary for us to carefully scrutinize all requests for the transfer of students from one school to another to determine their authenticity. You are being requested to assist us in this endeavor by providing the following information.

### STUDENT INFORMATION

STUDENT NAME <i>(Last, First, Middle Initial)</i>		PROMOTED TO GRADE	
PARENT'S ADDRESS <i>(Street and Apt. Number, City, State, Zip Code)</i>			
PARENT'S TELEPHONE NUMBER (       ) -	MARITAL STATUS OF PARENT <input type="checkbox"/> Single <input type="checkbox"/> Married	NO. OF CHILDREN IN FAMILY	AGES OF CHILDREN

### EMPLOYMENT INFORMATION - MOTHER

MOTHER'S NAME <i>(Last, First, Middle Initial)</i>		WORKING HOURS	
VARIATION OF REGULAR WORKING HOURS <i>(Indicate the extreme early/late hours which may be required)</i>		FREQUENCY OF VARIATION	
PLACE OF EMPLOYMENT		WORK TELEPHONE NUMBER (       ) -	
EMPLOYMENT ADDRESS <i>(Street and Apt. Number, City, State, Zip Code)</i>			

This is to verify that the above-named parent is in our employ and working the stated hours.

\_\_\_\_\_  
 PRINT SUPERVISOR'S NAME

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
 DATE

### EMPLOYMENT INFORMATION - FATHER

FATHER'S NAME <i>(Last, First, Middle Initial)</i>		WORKING HOURS	
VARIATION OF REGULAR WORKING HOURS <i>(Indicate the extreme early/late hours which may be required)</i>		FREQUENCY OF VARIATION	
PLACE OF EMPLOYMENT		WORK TELEPHONE NUMBER (       ) -	
EMPLOYMENT ADDRESS <i>(Street and Apt. Number, City, State, Zip Code)</i>			

This is to verify that the above-named parent is in our employ and working the stated hours.

\_\_\_\_\_  
 PRINT SUPERVISOR'S NAME

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
 DATE

### CHILD CARE ARRANGEMENTS

NAME OF SITTER OR CHILD CARE FACILITY		TELEPHONE NUMBER (       ) -	
ADDRESS <i>(Street and Apt. Number, City, State, Zip Code)</i>			
SPECIFY HOURS STUDENT IS IN CHILD CARE			

## IMPORTANT STUDENT REASSIGNMENT INFORMATION

Read the following information carefully before completing the reassignment application.

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

1. reside in Palm Beach County and/or have been issued a Palm Beach County 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).

### 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.
- 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.



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

# Student Reassignment Application

Student Number (REQUIRED)
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) 434-7300.

Student Name (last, first, middle initial)	Age	Date of Birth	Grade	Sex	Race
Name of Parent or Legal Guardian	Home Telephone		Day Telephone		
Address of Parent or Legal Guardian (street/apt #, city, state, zip code)					
ELL/ESE/504 Plan <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address of Parent or Legal Guardian				

\*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 must be attached)*
- Student Health Reasons  
*Student Reassignment Health Confirmation (PBSD 1893 must be completed by physician and attached)*
- Majority to Minority
- High School Senior/Last Grade
- Completing the School Year at current school
- Moving into Attendance Zone (attach valid proof)
- School District Employee \_\_\_\_\_  
*Supervisor's Signature/Location*
- Other Good Cause (explanation required)

**A letter with specific reason(s) why reassignment is being requested to the school listed above MUST be attached.**

**I have read and I understand and agree to the following:**

- 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.
- My signing below verifies that all the above information on this application is correct, the form and the important information included with this form has been read and understood, and an opportunity to ask questions and receive answers was given. I also agree to the provisions in this form, and the important information, including the reasons under Policy 5.015(12) that a student may be required to return to his/her assigned attendance area school.
- I realize certain schools are not available pursuant to the rules in School Board Policy 5.015, such as schools with enrollment above 100% capacity and schools in the first year of operation. A list of schools that are open to reassignment is available at the Department of Choice and Career Options Office or on the web at [www.palmbeachschools.org/choiceprograms](http://www.palmbeachschools.org/choiceprograms).
- The results of the request will be emailed or mailed to the above address. Telephone requests for results cannot be honored due to privacy issues.
- Student reassignments are subject to review at least annually.
- I understand that transportation for reassignments is not provided.
- This form is not valid unless signed by the parent or legal guardian.

<b>DO NOT WRITE BELOW CHOICE AND CAREER OPTIONS ONLY</b>	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> VOID
<input type="checkbox"/> NOT APPROVED	<input type="checkbox"/> RETURNED
<input type="checkbox"/> Non-receiving School <input type="checkbox"/> Attendance/Discipline <input type="checkbox"/> Guidelines _____	
_____	
<i>Signature of Director or Designee</i>	
<i>Date</i>	

\_\_\_\_\_  
**Signature of Parent/Guardian** **Date**



THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
**Student Reassignment Health Confirmation**

This form must be completed and signed by the student's physician. Return completed form to the Department of Choice and Career Options, 3308 Forest Hill Boulevard, Suite C-124, West Palm Beach, Florida 33406-5869. Attach this form to a completed *Application For Student Reassignment (PBSD 0249)* form.

STUDENT NAME (last)	(first)	(middle)	GRADE	SEX	AGE	SOCIAL SECURITY NUMBER
SCHOOL			PARENT/LEGAL GUARDIAN			
PHYSICIAN			TELEPHONE		EXTENSION	
PHYSICIAN'S ADDRESS (street and number)			( )	-	(state)	(zip code)

**Diagnosis**

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**History and background of medical condition**

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**Describe any limitations placed on school activities**

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**How will this condition affect attendance in school?**

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Will the school requested ameliorate the health condition?  Yes  No If Yes, how?

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\_\_\_\_\_  
SIGNATURE OF PHYSICIAN

\_\_\_\_\_  
DATE