



POLICY 5.015

5-C I recommend the Board approve development of the proposed revised Policy 5.015, entitled “Student Reassignment.”

[Contact: Barbara Terembes, PX 48118.]

Development

CONSENT ITEM

- 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 Precedent to Requests

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 reassignment school list because it has not reached 100% capacity under the

- 35 Florida Inventory of School Houses or
36 i. the school is a new facility in its first school year;
37 ii. construction-related issues exist, leading to crowding on the campus; or
38 iii. special programs at the school lead to lack of available classrooms); and
39 b. the requesting student must currently reside in Palm Beach County Florida,
40 except under subsection (5)(c) below.

41 **5. Bases for Requests**

42 To request reassignment, the parent/student must use the applicable District form
43 (PBSD 0249), which is incorporated herein by reference and may be found on the
44 District's Web site at: www.palmbeachschools.org/Records/FormSearch.asp, which
45 must indicate that the parent/student has read and understood and had an
46 opportunity to ask questions about the form and agrees to its provisions, including
47 that the student may be required to return to the school in his/her assigned
48 attendance area for the reasons stated in section (12) below. ~~The allowable bases~~
49 ~~for reassignment are:~~ Parents may request reassignments for the following
50 reasons only:

- 51 a. **Moving into the Zone.** When a student will be moving into a new attendance
52 zone within 90 calendar days (as documented with valid proof, such as a deed
53 for the new home, approved building permit, or notarized lease or rental
54 agreement), the student may request to be currently reassigned to the school
55 for the new residence.
- 56 b. **Completing the School Year.** A student may request to finish the school
57 year at the school where the student currently attends, in spite of moving to
58 another attendance area after the first grading period. (Proof of time of move
59 must be submitted with this reassignment request.)
- 60 c. **High-School Senior's Privilege/Last Grade.** Seniors who attended their
61 assigned schools as juniors may ~~be to~~ be allowed to remain in that same
62 school as a senior, if they have at least seventeen (17) credits with a
63 cumulative grade point average of 2.0 at the beginning of the school year, in
64 spite of moving out of the attendance zone. Students entering grade 5 or
65 grade 8 may also be allowed to remain in the same school as they did for the
66 previous year in spite of moving out of the attendance zone if they have no
67 attendance or discipline issues.
- 68 d. **Extenuating Health Circumstances of Student.** Any extenuating student
69 health circumstances asserted as a basis for reassignment must be
70 documented by a student reassignment health confirmation form (PBSD

71 1893), which is incorporated herein by reference and may be found on the
72 District's Web site at: www.palmbeachschools.org/Records/FormSearch.asp.
73 This form must be completed by a physician (who must specify the health-
74 related reasons why reassignment is necessary ~~or desirable~~). Reasons based
75 on mental health must be stated by a Board-certified psychiatrist who is not
76 related to the student. All stated health reasons will be subject to medical
77 review and must be documented to the satisfaction of the
78 Superintendent/designee.

79 e. **Supervision Hardship.** When pre- and/or post-school-day supervision is
80 determined to be necessary, but is not available at or near the student's
81 assigned school, a supervision-hardship reassignment may be approved **only**
82 **for students in grades K-5.** The hardship must be documented with a parent
83 employment verification and a reassignment supervision hardship form (PBSD
84 0879), which is incorporated herein by reference and may be found on the
85 District's Web site at: www.palmbeachschools.org/Records/FormSearch.asp.

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

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

95 i. An application for transfer form must be completed by the parent or legal
96 guardian of the student and forwarded to the District office designated on
97 the application form. Application forms will be available in each public
98 school in Palm Beach County and at the District office, as well as on the
99 District's Web site.

100 ii. Absent special circumstances, all transfer requests will be processed in
101 the order they are received.

102 iii. Transportation will be provided to those exercising their right to transfer
103 under this rule if there is an existing bus route and space on that bus;
104 thus, parents requesting such majority to minority transfers for their
105 children should select a school reasonably close to their home, such that
106 the distance traveled or time required for travel is not substantially
107 increased. Should such transfer substantially increase the distance
108 traveled, the Superintendent may deny the transfer.

109 iv. Custodial parents/guardians will be notified in writing of approval or

110 disapproval of the request.

111 v. The Superintendent shall inform all parents about the provisions of the
112 majority to minority transfer rule by placing the information about the rule
113 in the student/parent handbook and by providing each student a copy of
114 the handbook.

115 g. **District Employee.** As a retention incentive, employees may request
116 reassignments for their children under the following circumstances:

117 i. If an employee works at a school other than the one assigned by
118 residence area, the employee may request reassignment for their
119 children, of the appropriate grade level, to that school. This request may
120 involve students not residing within Palm Beach County. If so, request for
121 transfer form for Out-of-District enrollment from the sending county's
122 School Board must be submitted and approved by the Superintendent or
123 designee of the sending district.

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

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

133 6. Process for Requesting Reassignment

134 The specific reason(s) for a reassignment request must be explained on the
135 appropriate District form (PBSD 0249), which is incorporated herein by reference
136 and may be found on the District's Web site at:
137 www.palmbeachschools.org/Records/FormSearch.asp.

138 a. Absent special circumstances for hardship cases or when the reason for
139 reassignment arises for the first time after the prescribed date, the application
140 for student reassignment must be submitted by the parent, legal guardian, or
141 person acting as a parent between **April 1 and June 1 for first semester**
142 **placement**; and requests for second semester placement must be submitted
143 between **October 1 and October 31**. Application processing can take up to
144 six (6) weeks.

145 b. The application must be submitted to the Department of Choice Programs and
146 School Choice. and Career Options. ~~The specific school requested in a~~

147 ~~different attendance zone is subject to change during review by the~~
148 ~~department.~~

149 c. A reassignment shall remain in effect until the end of the school year only.
150 Continuation beyond that period will be based on school capacity and
151 continuing need, and the provisions within paragraph 12 below as reviewed by
152 the receiving school's principal or the Department of Choice and Career
153 Options.

154 **7. Appeals Process**

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

168 **8. Effect on Extra-curricular Activities**

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

171 **9. Transportation**

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

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

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

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

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

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

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

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

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

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

204 d. the reasons for the reassignment are no longer valid (e.g., the parent no
205 longer has a supervision hardship ~~within the scope of form PBS-D-0879, which~~
206 ~~is incorporated herein by reference and may be found on the District's Web~~
207 ~~site at: www.palmbeach.k12.fl.us/Records/FormSearch.asp);~~

208 e. it comes to the attention of the school that the reassignment or registration
209 request was fraudulent (e.g. was intended to circumvent athletics-eligibility
210 rules or was supported by false documentation, in which case any further
211 reassignments will be precluded for the remainder of the year);

212 f. the student fails to enroll in the reassigned school ~~in a timely manner~~ within
213 10 school days or withdraws from the reassigned school; or

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

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

218 LAWS IMPLEMENTED: Fla. Stat. §§ 1001.32(2); 1001.41(3) & (6); 1001.42(4)
219 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 development by the Board.

Attorney

Date

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.
- 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.

DO NOT WRITE BELOW CHOICE AND CAREER OPTIONS ONLY	
<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

History and background of medical condition

Describe any limitations placed on school activities

How will this condition affect attendance in school?

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

SIGNATURE OF PHYSICIAN

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			