



District Reassignment Form

**The School Board of DeSoto County
530 LaSolona Avenue
Arcadia, Florida 34266**

Adrian H. Cline, Superintendent
863-494-4222 ext. 110, Fax 1-866-370-2471

Dear Mr. Cline:

I, _____, live within the _____
school boundary. I am requesting permission to register my child/children in _____
County school district for the _____ school year. I understand that student transportation
is my responsibility.

Student(s) Name:	Present Grade	Date of Birth:	School student is enrolling:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I am requesting this reassignment due to: (Circle all that apply)

- 1.) Childcare 2.) Illness 3.) Work-related issues 4.) Other

Please explain: _____

Parent's Signature Date

Address, City, State, Zip Phone

(For Office Use Only)

Board Approved Date _____ Date Denied _____ Date Emailed _____ Date Mailed _____
to other County to parent

Adrian H. Cline, Superintendent
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