

JC-600

New 4/20/2017

Exp. 4/20/2022

STUDENT REASSIGNMENT CONTRACT

(Each student must apply each year. A separate contract is required for each student.)

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 Jackson County School District* and the student named on page one of this form is to provide an educational opportunity for the student who wished to transfer pursuant to s. 1002.31.

A. REGULAR CLASS ATTENDANCE

The student agrees to attend class on time every day except when the absence is verified through a written excuse from the parent or guardian. School administration may require official third party documentation such as doctor's note for excessive absenteeism and/or tardies. If the student meets the criteria for truancy, reassignment may be VOIDED.

B. MAINTENANCE OF PASSING GRADES

The student must maintain passing grades in order to remain in compliance. Grades will be reviewed after each grading period.

C. SOCIAL BEHAVIOR

The student agrees to exhibit acceptable social behavior on campus and at school related activities as indicated in the Jackson County Code of Conduct 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 understands that a referral to the administration for a rules or policy violation may VOID this contract.

E. TRANSPORTATION

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

My signature signifies a clear understanding that the student may be withdrawn from the assigned school and assigned to the home school if ANY of the above conditions and responsibilities are violated as determined by the Jackson County School Board.

Student's Name Printed

Parent's Name Printed

Contact Number: _____

Student Signature

Date

Parent/Guardian Signature

Date

OFFICIAL USE ONLY	
<input type="checkbox"/> Transfer request approved	<input type="checkbox"/> Transfer request NOT approved
Notes:	
_____ Review Committee Chair Signature	_____ Date