

Date: _____

School Year: _____



School District of Manatee County
OFFICE OF STUDENT ASSIGNMENT
1400 1st AVENUE E PALMETTO FL 34221
PHONE (941) 708-4971 FAX (941) 708-4976
STUDENTASSIGNMENT@MANATEESCHOOLS.NET



RESCIND CHOICE/HARDSHIP REQUEST FORM

School Wanting to Rescind: _____
(The school you DO NOT want your child to attend)

Reason: _____

Student Last Name: _____ Student First Name: _____

Date of Birth: _____ Grade Level: _____ Phone No.: _____

Student Last Name: _____ Student First Name: _____

Date of Birth: _____ Grade Level: _____ Phone No.: _____

Student Last Name: _____ Student First Name: _____

Date of Birth: _____ Grade Level: _____ Phone No.: _____

Current Address: _____ Apt.#: _____

City: _____ State: _____ Zip Code: _____

My signature below acknowledges that I am requesting my child/ren's approved School Choice and/or Hardship be rescinded. Should I wish for my child to attend a school other than his/her zoned school, I realize that I must reapply for School Choice/Hardship. I also understand that in most cases, only one School Choice/Hardship is granted per academic year.

Enrolling Parent/Guardian Signature

Please Print:

Parent First Name: _____ Parent Last Name: _____

For office use:
Approved/Denied: _____ Zone: _____ Letter Sent: _____ E: _____ T: _____