CCPS Collier County Public Schools

Student Assignment

MEDICAL RELEASE

I, the undersigned, being the parent or legal guardian of_____ , D.O.B. _____, give my permission for staff members of Collier County Public Schools and physicians or psychologists treating my child to exchange any and all information deemed pertinent by the District regarding a decision for my Out-of-Zone request.

_____ _____

Signature of Parent or Legal Guardian Date

5775 Osceola Trail | Naples, Florida 34109 | p: 239.377.0540 | f: 239.377.0506
e: info@collierschools.com | www.collierschools.com

CCPS Collier County Public Schools
Student Assignment

Dear Licensed Physician or Psychologist:

The parent or legal guardian of_____ , D.O.B. _____, request that his/her child be permitted to attend a school other than his/her zoned school.

Board Policy permits Out-of-Zone attendance, under certain circumstances, when recommended by a licensed psychologist or medical practitioner for legitimate reasons, pending space availability at the school and grade level requested. Schools are limited to class size restrictions and school capacity, therefore, such requests are carefully reviewed by the District.

Please complete the attached documentation, print on letterhead, and **sign and date** the documents.

Additionally, attached is a medical release from the parent authorizing you and the District to exchange information necessary for a decision to be made regarding this request.

Sincerely,

Giuseppe Marra
Coordinator of Student Assignment
and Data Reporting

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STUDENT NAME: _____ DOB: _____

1. What medical or psychological problem have you diagnosed the student?

_____

_____

_____

2. In your professional opinion, is the child's diagnosis severe enough to cause significantly debilitating effects on the child's physical or psychological health, is likely to be significantly relieved if a school assignment change is made, and is of such a nature that the effects of regular school assignment on the problem cannot reasonably be expected to be controlled by the child or parent/legal guardian?

_____ Yes _____ No If YES, please explain the nature and extent of these effects.

_____

_____

_____

_____

_____

_____

_____

Please attach any additional input regarding support and services that would be helpful in maintaining the current school assignment.

_____ _____

Signature of Licensed Physician or Psychologist Date

Office Information/Stamp: