



# Cobb Middle School

*...where Science and Technology Roar!*

915 Hillcrest Avenue Tallahassee, Florida  
Tel. 850-488-3364 Fax 850-922-2452



*Think! Explore! Grow! Excel!*

Our mission at Cobb Middle School is to facilitate individual educational interests and foster achievement. Cobb offers unique opportunities for in-depth study in specific areas of science and technology. Through our advanced programs in science, mathematics, language arts, social studies, foreign language, and performing and visual arts, students are afforded the opportunity to choose from 10 high school credit courses while here at Cobb. We are honored that you are considering Cobb Middle School's Applied Science and Technology Magnet Program for your student's middle school experience!

Please complete **all** parts of the application. **Incomplete applications will NOT be considered.**

**Please return applications to:**

Cobb Middle School  
Attn: Page Curry  
915 Hillcrest Street  
Tallahassee, FL 32308

**Direct questions to Page Curry**

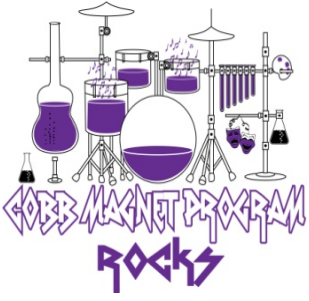
[curryp@leonschools.net](mailto:curryp@leonschools.net)  
Phone: 850-488-3364, ext. 202  
Fax: 850-922-2452

**Completed applications are due no later than 4 PM on March 1, 2016.**

**Required items for a completed application:**

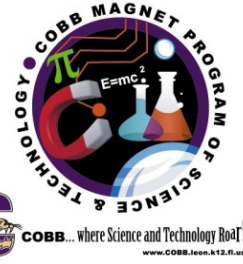
- \_\_\_\_\_ Completed Personal Data Form- (Basic contact information)
- \_\_\_\_\_ Completed School Data Form- (Permission to obtain school records)
- \_\_\_\_\_ Completed Admission Agreement- (Signed agreement for our Program Expectations)
- \_\_\_\_\_ Student Essay- (Hand written, not typed, one page)
- \_\_\_\_\_ Copy of most recent report card- (With teacher comments included)
- \_\_\_\_\_ Copy of most recent standardized test data- (4<sup>th</sup> grade FCAT, FSA or equivalent)
- \_\_\_\_\_ LCS School Choice Form- (Required for all applications regardless of school zone)
- \_\_\_\_\_ \*Completed School Registration Form-
  - \*Private or Home-Schooled Students only, found on the Leon County Schools website
- \_\_\_\_\_ \*\*Teacher Recommendation form- please give to your child's current math or science teacher.
  - \*\*Sent through school mail from current teacher direct to Cobb

*The Leon County School District does not discriminate against any person on the basis of gender, marital status, sexual orientation, race, religion, national origin, age, color, or disability.*



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## PERSONAL DATA FORM

*Please Print All Information*

### STUDENT INFORMATION

Student Name \_\_\_\_\_ Student # (found on report card) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Home address (physical address-house number, street name, city, state, & zip)

\_\_\_\_\_

Mailing address (if different from above)

\_\_\_\_\_

Elementary School Currently Attending \_\_\_\_\_

Middle School Currently Zoned for \_\_\_\_\_

Please list any siblings currently attending or who have previously attended Cobb:

\_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

\_\_\_\_\_  
Parent/Guardian's Full Name                      Work Phone                      Cell Phone                      Home Phone

Parent's Email Address \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Full Name                      Work Phone                      Cell Phone                      Home Phone

Parent's Email Address \_\_\_\_\_

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## SCHOOL DATA FORM

*Please Print All Information*

Student Name \_\_\_\_\_ Student # \_\_\_\_\_

Elementary School Currently Attending: \_\_\_\_\_

Zoned Middle School: \_\_\_\_\_

The abovementioned student is applying to Cobb Middle School's Applied Science and Technology Magnet Program. Please forward a copy of the student's most recent FSA (standardized) test scores and report card to the address below by **4 PM, March 1, 2016**.

Cobb Middle School  
*Applied Science and Technology Magnet Program*  
Attn: Page Curry  
915 Hillcrest Street.  
Tallahassee, FL 32308

I give permission for the release of any records for my son/daughter to Cobb Middle School.

\_\_\_\_\_  
Parent/Guardian Name (Printed)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Phone Number

\_\_\_\_\_  
Parent/Guardian Email address



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## ADMISSION AGREEMENT

***Please read and sign below. Applications will not be considered unless both student and parent sign this Admission Agreement.***

Cobb Middle School's Applied Science and Technology Magnet Program is a very rigorous program with high academic expectations and demands. Students agree to attend class regularly and complete all assignments as directed by their instructors. Students further agree to abide by the Magnet Program Guidelines, Standards, and Expectations, which includes both academic performance and citizenship requirements. Parents agree to be supportive of their student's academic work and active participants in the Applied Science and Technology Magnet Program. Parents further agree to be responsive to requests by instructors for assistance, when needed.

We understand that reassignment for a student living outside the area zoned for Cobb Middle School will be for the entire school year regardless of the student's status in the Magnet Program.

This application is being submitted to Cobb Middle School's Applied Science and Technology Magnet Program. We, the undersigned, verify that the information submitted in this application is accurate as of this date. We also give permission for records to be released upon request to Cobb Middle School's Applied Science and Technology Magnet Program. We have read the Admissions Agreement and agree to adhere to these terms and conditions.

## PROGRAM STANDARDS AND EXPECTATIONS

- Academic grade point average of B (3.0) or better
- Citizenship grades of 3 or better in all subjects
- An excellent attendance record
- Parental involvement
- An excellent work ethic and sincere desire to be successful

\_\_\_\_\_  
Student Name (printed)

\_\_\_\_\_  
Parent/Guardian's name (printed)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Student Number

\_\_\_\_\_  
Date signed

*Transfer to Cobb Middle school will occur only upon acceptance into the program, the execution of the Admission Agreement and the approval of the Leon County Schools Reassignment Committee.*

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COBB MIDDLE SCHOOL

APPLIED SCIENCE & TECHNOLOGY MAGNET PROGRAM

MATH/SCIENCE TEACHER RECOMMENDATION FORM- PLEASE SEND DIRECTLY TO COBB

This form must be received in the Cobb office no later than March 1, 2016.

Please complete this form and MAIL it to:
Cobb Middle School Magnet Program
915 Hillcrest Street, Tallahassee, FL 32308

You may also E-MAIL this form to:
curryp@leonschools.net
Subject: Magnet Recommendation

Student Name \_\_\_\_\_ Student # \_\_\_\_\_

Please consider how the student compares to ALL 5th Graders.

Table with 7 columns: No basis for judgment, Below Average, Average Top 50%, Good Top 25%, Excellent Top 10%, Outstanding Top 5%. Rows include Mathematics Ability, Science Ability, Academic Ability, Writing Ability, Reading Comprehension, Academic Motivation, Homework Habits, Organization and Work Habits, and Citizenship/Behavior/Attendance.

The Magnet Program is a challenging, accelerated, and demanding academic program. Students are expected to complete ALL nightly homework and long-term projects ON TIME and maintain at least a "B" average, in addition to participating in extracurricular activities. Please keep this in mind when recommending students.

Do you recommend this student for the Cobb Magnet Program?

Yes No With reservations

Please explain your recommendation, as well as any rankings below Excellent.

Four horizontal lines for writing the recommendation.

Teacher's Name \_\_\_\_\_ Email \_\_\_\_\_

Subject/grade you taught this student \_\_\_\_\_ School year \_\_\_\_\_

Signature \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_

In order for applications to be considered, this form must be submitted directly to Cobb by the recommending teacher. Please use school mail for your convenience.

**Leon County Schools**  
**School Choice & Reassignment Form**  
**Application For School Year: 2016-2017**

Complete and return your new reassignment request to the School Choice Office, 725 S. Calhoun St. Ste. B1-008 (Bloxxham Bldg.), Tallahassee, Florida 32301 or **fax to 487-0444**. For additional information please contact 487-7546. **PLEASE PRINT**

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

School Student Currently Attends \_\_\_\_\_ Current Grade \_\_\_\_\_

Assigned School \_\_\_\_\_ Requested School \_\_\_\_\_

Email \_\_\_\_\_ Student ID# (found on report card) \_\_\_\_\_

- Admission is based on program requirements, district-wide capacity, and when the complete application is received.
- You must have good attendance and behavior to qualify for reassignment.
- A student's reassignment may be revoked for failure to meet the school's attendance and discipline policies.
- Unless otherwise stated, transportation shall be provided by parent/guardian or on buses serving existing routes.

**\*\*\*Please select one of the following options (A) School Choice or (B) Reassignment\*\*\***

**A. SCHOOL CHOICE: March 1st Deadline**

**Turn application in to the REQUESTED SCHOOL**  
**(School Choice form and Magnet application required)**

- \_\_\_\_\_ Cobb - Applied Science & Technology
- \_\_\_\_\_ Fairview - IB Prep
- \_\_\_\_\_ Griffin - \_\_\_\_\_ Pre-AP Pre IT \_\_\_\_\_ CAPE
- \_\_\_\_\_ Raa Fine & Performing Arts
- \_\_\_\_\_ Godby - \_\_\_\_\_ Academy of Aviation \_\_\_\_\_ AVID Prg.
- \_\_\_\_\_ Godby - \_\_\_\_\_ Infor. Tech \_\_\_\_\_ Engineering
- \_\_\_\_\_ Rickards - \_\_\_\_\_ IB \_\_\_\_\_ AVID Prg. \_\_\_\_\_ Health Services

\_\_\_\_\_ **Application received by school** \_\_\_\_\_ **Date**

**Turn application in to the School Choice Office**

**You may fax your application to 487-0444**

- \_\_\_\_\_ Apalachee - Tapestry (**uniforms required**)
- \_\_\_\_\_ Riley - Information Technology
- \_\_\_\_\_ Sabal Palm - Technology and Robotics
- \_\_\_\_\_ Sealey - Math & Science
- \_\_\_\_\_ Woodville - History/Civics
- \_\_\_\_\_ LCS Employee - Name \_\_\_\_\_  
Site \_\_\_\_\_
- \_\_\_\_\_ ESE Choice (check here if your child has an IEP)
- \*ESE Choice will be based on ESE program/services and classroom capacity.**

**B. REASSIGNMENT CONSIDERATION: May be submitted at any time. Please select one choice.**

\_\_\_\_\_ **Grandfathering** \_\_\_\_\_ **Over/Under Capacity** \_\_\_\_\_ **Construction** (Contract for completion date verification)

\_\_\_\_\_ **Sibling Support** (**Name and birthdate of sibling attending requested school**)

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

\_\_\_\_\_ **Hardship** (**Provide a written explanation and supporting documentation of the extreme economic or medical hardship for the committee to review on the second Thursday of each month.**)

**\*\*\*Parents are responsible for obtaining the requested and assigned school principal's signature.**

**BOTH SIGNATURES REQUIRED FOR ALL REQUESTS - Principal's signature does not signify approval of this request\*\*\***

\_\_\_\_\_ **Parent/Guardian Signature**

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Assigned School Principal**

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Requested School Principal**

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Date received by SCHOOL CHOICE OFFICE**

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