



# Godby Career Academies

Paving The Way To The Future

## Career Academy Application

Please select the Career Academy you are applying for:

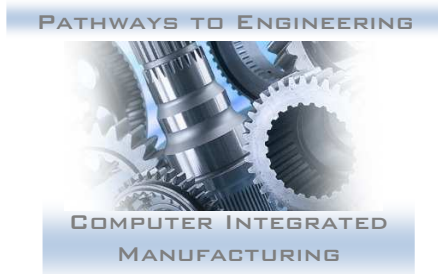
Aviation



Information Technology



Engineering



Please mail, fax or bring application to:

**Amos P. Godby High School**

1717 West Tharpe Street

Tallahassee, FL 32303

Phone: (850) 617-4700

Fax: (850) 922-4162

Leon Schools does not discriminate against any person on the basis of gender, mental status, sexual orientation, race, religion, national origin, age, or disability.



STUDENT PROFILE

**Student Information**

\_\_\_\_\_  
Last Name, First \_\_\_\_\_ MI \_\_\_\_\_ Date of Birth: mm/dd/yy \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
Street No. Street Name Apt. No.  
\_\_\_\_\_  
City State Zip Code

**Sex:** Male  Female  **Race:** White  Black  Hispanic  Asian  Other

Current School: \_\_\_\_\_ Zoned High School: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ @ \_\_\_\_\_

**Parent/Legal Guardian Information**

Mother's Name: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Admission Statement**

This application is being submitted for consideration of acceptance into an Amos P. Godby High School Career Academy. We verify that the information submitted is accurate as of this date. We give permission for the school records to be released upon request to Amos P. Godby High School. Students accepted into the program will receive an admission agreement whereby the student will be assigned to Amos P. Godby High School for the academic year. In the spring of each school year, the student will have the option of signing a new Admissions Agreement for the next academic year or returning to his/her home zoned school.

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

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



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## STUDENT SURVEY

1. List any clubs, organization, sports teams, or extracurricular activities you've been involved with in the past years.

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2. List any honors or awards you have received in the past 3 years.

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3. Write a brief paragraph describing your best qualities as a student.

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4. What academic subject do you like the most and why?

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5. What interest you about the career academy you are applying for?

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Release & Consent Form

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Grade: 9th    10th    11th    12th

This is a Consent and Release of Rights in favor of the Godby Career Academy and its instructors, administrators, sponsors, volunteers and students who are participating at the authorization or direction of Godby High School with respect to the program and events officially offered by the Godby Career Academy.

\*This includes guest speaker events, competitions and field trips.

**Photographic & Video Release.**

I hereby authorize, without limitation, the Godby Career Academy to photograph and interview me and grant and convey to the Godby Career Academy all right, title and interest in any and all interviews, photographic images, video and audio recordings ("media") of me, or in which I may be wholly or partially included in any form. This grant shall include but not limited to the right to copyright, use, alter, and publish such media, and the right to any royalties, proceeds or other benefits derived from the media. I hereby waive any right that I may have to inspect or approve the media, any materials that may be used in connection with the media, or the use to which it may be applied.

\_\_\_\_\_  
Student's Name [Printed]

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth [MM/DD/YY]

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home (    ) \_\_\_\_\_ Email Address: \_\_\_\_\_ Gender: \_\_\_ (M) \_\_\_ (F)

Race: (optional) \_ African-American \_ Asian/Pacific Islander \_ Native American/Alaskan \_ White \_ Multiple races

\_\_\_\_\_  
Parent or Legal Guardian Name [Printed]

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home (    ) \_\_\_\_\_ Email Address: \_\_\_\_\_

**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 (Bloxham 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

*"The Leon County School District does not discriminate against any person on the basis of sex (including transgender status, gender nonconforming, and gender identity), race, age, color, ethnicity, national origin, religion, pregnancy, marital status, disability, sexual orientation, or genetic information."*