

Raa Middle School Arts Magnet Program

401 West Tharpe Street, Tallahassee, FL 32303 * Tel: (850) 488-6287 Fax: (850) 922-5835



We have designed an arts magnet program to allow students the ability to develop creative and critical thinking skills. The Raa Arts Magnet Middle School offers all Leon County middle school students an opportunity to benefit from an outstanding education achieved through an equally outstanding arts program. Through this rigorous academic curriculum for the arts, with performances at all levels, we are able to provide enhanced learning opportunities to better prepare students for high school and beyond. Students are able to explore arts courses that include music, dance, visual art, and drama.

For more information please be sure to visit our website

<http://www.leonschools.net/domain/386>

A complete Raa Middle School Arts Magnet application includes:

- _____ Completed Student Information Form
- _____ Student Submission
- _____ Copy of most recent report card
- _____ Documentation of most recent standardized test score
- _____ Completed LCS School Choice and Reassignment Form

Please complete all parts of the application and return via mail to:

Arts Magnet Program
Raa Middle School
401 West Tharpe Street
Tallahassee, Fl. 32303

Additional questions about the Raa Magnet Program:

Sam Thompson - Magnet Program Coordinator
Thompsons2@leonschools.net
850-488-7495

Completed applications are due on March 1, 2016 by 5:00 P.M.

"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."

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Student Information Form

Print All Information

Student Information

Student Name _____ LCS Student ID # (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)

Middle School currently zoned for _____

Elementary School currently attending _____

Parent/Guardian Information

Parent/Guardian's full name work phone cell phone email address

Parent/Guardian's full name work phone cell phone email address

Program Admission

This application is being submitted for consideration of acceptance at Raa Middle School's Magnet Program for the 2016-2017 school year. We verify that the information submitted is accurate as of this date. We also give permission for the school records to be released upon request to Raa Middle School. Students accepted into the program will receive an admission agreement whereby the student will be assigned to Raa Middle School.

There is no prerequisite formal arts experience necessary for participation. Students can show talent and creativity without formal instruction. The only requirement is a committed interest in the arts.

Parent/Guardian signature date

Student Signature date

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Student Submission

Provide one of the following:

OPTION 1: *This option allows students to showcase their abilities in specific areas*

- **An artifact representing the student's artistic abilities**
 - ✓ Title all submissions with student's last and first name
 - ✓ Submission must be on a DVD or data disc
 - ✓ Submission must be between 2 – 5 minutes
 - ✓ Submission must show the student's abilities in one or more of the following:
music, dance, theatre or visual arts
 - ✓ Submission in visual arts may include up to 5 photos of two-dimensional or three-dimensional artwork

OPTION 2

- **A one page essay titled 'What excites me about the arts'**
 - ✓ The essay must be in the applicant's handwriting
 - ✓ Appropriate grammar and spelling is necessary

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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**

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