



APPLICATION FOR ADMISSION

James S. Rickards High School
International Baccalaureate Diploma Program
School Year 2016-2017



Please submit this application to:

International Baccalaureate Diploma Program
James S. Rickards High School
3013 Jim Lee Road
Tallahassee, FL 32301

Personal Data

Last Name	First Name	Middle Name
Date of Birth	Home Phone	Student Email Address
Mailing Address	City	Zip
Unweighted Middle School GPA	Highest Level of Math Completed Before August 2016	

Parent/Guardian Information

Full Name of Mother/Female Guardian	Phone: Work	Home	E-mail Address
Full Name of Father/Male Guardian	Phone: Work	Home	E-mail Address
Additional Parent/Guardian (Optional)	Phone: Work	Home	E-mail Address
Current school	High School Zone of Residence		

We verify that the applicant meets the criteria (3.0 or higher unweighted GPA and completion of Algebra I or higher level of math) for admission as a freshman into the International Baccalaureate Diploma Program at James S. Rickards High School for the 2016-17 academic year. We also give permission for school records to be released upon request by James S. Rickards High School. Signatures are for application purposes only. Transfer to James S. Rickards High School will occur only upon acceptance into the program and the submittal of the academic guidelines.

Signatures: Parent/Guardian _____ Date _____
Student _____ Date _____

For more information contact:

Dr. Joe L. Williams, Jr., IB Coordinator - williamsj@leonschools.net

Mr. Fred Varn, IB Academic Dean - (850) 414-5597 - varnf@leonschools.net

Dr. Aretha McNeil, IB/AVID Assistant Coordinator - (850) 414-5003 - mcneila@leonschools.net

ALL APPLICANTS are required to complete the **School Choice & Reassignment form**
and submit it with the **IB application**

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."