

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) _____

Does your child have a current Individual Education Plan (IEP) _____

- 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.

A. SCHOOL CHOICE: Closed March 1, 2016 for the 2016-17 school year

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 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