

2017-2018 Career Academy Application

Please select the Career Academy you are applying for:



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 I	Birth: mm/dd/yy
Permanent Address	S:	Street Name			AA		
Street No. Street Na		Street Name	Apt. No.				
	City				State		Zip Code
Sex: Male Fem	ale□		Race: White □	Black□	Hispanic□	Asian□	Other□
Current School:			Zoned Hig	gh School	:		
E-mail Address:				_@			
Parent/Legal (Guardian I	nformation					
Mother's Name:			F	lome/Cell	Phone:		
Email Address: Work Phone:							
Father's Name:			Н	lome/Cell	Phone:		
Email Address:				Work	Phone:		
Emergency Contact	::			Phon	e:		

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



STUDENT SURVEY

- 1. List any clubs, organization, sports teams, or extracurricular activities you've been involved with in the past years.
- 2. List any honors or awards you have received in the past 3 years.
- 3. Write a brief paragraph describing your best qualities as a student.

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

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



Release & Consent Form

Student Name:				Student Number:	
Grade: 09th	□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 Addres	SS:	Gender: _	(M) (F)
Race: (optional) _ African-America	n _ Asian/Pacific	Islander _Native American/Alaskan	_ White _	Multiple races
Parent or Legal Guardian Name [P	rinted]	Parent or Legal Guardian Signatu	re	Date
Address:	City:	State:	Zip: _	
Phone: Home ()	Email Ado	dress:		



Leon County Schools 2017-2018 School Choice Application Deadline March 1, 2017

Date_____

<u>LAST</u> nam	e <u>F</u>	RST name	Student ID# (found on report card)			
Does your child have a current Individual Education Plan (IEF		al Education Plan (IEP)?	Birthdate	Sex		
Address _		Apt/Unit	City	Zip		
Current Sch Zoned Sch		Zoned Sch	Requested Sch			
Current G	rade Parent/G	uardian Name				
Email		Cell/Home Phone	W	ork Phone		
✤ As ♦ Un	tudent's reassignment may be	quirements, school-wide capace revoked for failure to meet th rtation shall be provided by pa lowing options.	e school's attendance and d	iscipline policy 5120.		
1 – <mark>De</mark> a	dline March 1 st - Elemen	tary Magnet applications	<u>may be submitted via fax,</u>	mailed or delivered to:		
	FAX (850) 487	2- 0444 OR	Leon County Schools - So 725 S Calhoun St. Tallahassee, FL 32301	chool Choice		
Apalachee – Arts Magnet (uniforms required) Riley – Information Technology			Sabal Palm – Technology and Robotics Sealey - Math & Science			
2 – Dea	dline March 1 st - Magnet	applications must be subm	itted to the requested scho	ool along with their application.		
	Cobb Middle - Appli	ed Science & Technology				
	Fairview Middle - IB	Prep (International Baccalaur	eate Preparatory)			
	Griffin Middle - CAP Raa Middle - Arts M	E Academy/Pre-Information agnet	Technology	Pre-Advance Placement		
		Academy of Aviation	AVID Program	I/T Engineering		
	Rickards High	AVID Program	Health Services	IB		
3 – <mark>Dea</mark>	adline March 1 st - Employe	e Choice is based on school-v	vide capacity and when the	complete application is received		
	LCS Employee - Nam	ie	Site	Position		
4 – <mark>Dea</mark>	dline March 1st - ESE appli	cations may be submitted via	fax, mailed or delivered to	the School Choice Office.		

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