



Griffin Middle School

Gwendolyn Thomas, Principal
Darren Wallace, APA
April Knight, APC
Susie Sanders, Magnet Coordinator

Applicant Information

Full Name: _____ Grade: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Parent/Guardian: _____ Phone Number: _____

Parent/Guardian: _____ Phone Number: _____

Are you interested in our C.A.P.E Academy? YES NO Have you completed any community service or volunteer hours within the past year? YES NO

Are you interested in our Information Technology Magnet program? YES NO If yes, when and where? _____

Are you interested in our Advance Placement Magnet program? YES NO

Please provide copies of the following: **Most recent standardized test scores, discipline record, report card.**

Education

Current School : _____ Address: _____

From: _____ To: _____ Honor Roll Student? YES NO FCAT Scores: **Reading** _____ **Math** _____

Previous School: _____ Address: _____

From: _____ To: _____ Honor Roll Student? YES NO FCAT Scores: **Reading** _____ **Math** _____

References

Instructor: _____ Subject Area Mathematics

I recommend/do not recommend _____ for admission into Griffin Middle School Magnet Program.

Comments _____

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."