

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."