



Charter School Choice Application For School Year: 2016-2017

Official use only: _____ Date received
_____ Discipline _____ Attendance
_____ ESE _____ Address updated/correct

Students who have been enrolled in a district charter school, developmental research school or a private school in Leon County for at least one (1) complete semester prior to the date of application may be eligible for charter school choice. If you are interested in returning to Leon County Schools, please complete this form and submit it to the School Choice & Reassignment Office. You may apply for up to three schools. **We will work with you to determine which school is right for your child and has available space.** For additional information please call (850) 561-8484.

- Admission is based on capacity and when the complete application is received.
- You must have good behavior and good attendance (includes absences/tardies) to qualify for reassignment.
- A student’s reassignment may be revoked for failure to meet the school’s attendance and discipline policy 5120.
- Unless otherwise stated, transportation shall be provided by parent/guardian or on buses serving existing routes.

Fax: (850) 487-0444

Mail: School Choice & Reassignment Office
725 S. Calhoun St. Ste. B1-008
Tallahassee, FL 32301

Deadline is April 1, 2016

Student’s Name _____ Birthdate _____ Sex _____

Address _____ City _____ Zip _____

Parent’s Name _____ Home Phone _____ Work Phone _____

School Student Currently Attends _____ Current Grade _____

Home Zone School _____ Does your student have a current IEP? _____

Email _____ Has your student attended a Leon County School before? _____

Do you have a sibling at the requested school? _____

Sibling(s) name _____ Birthdate _____

List the schools in order of preference:

Requested School Choice #1 _____

Requested School Choice #2 _____

Requested School Choice #3 _____

Parent/Guardian Signature

Date