



School Choice & Reassignment Form Application for school year 2016-2017

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

Complete and return your reassignment request by fax, mail or in person. For additional information please call (850) 561-8484.

Please fax your reassignment form to OR
(850) 487-0444

Mailing addresss and office location - The Bloxham Building
School Choice & Reassignment Office
725 S. Calhoun St. Ste. B1-008 Tallahassee, FL 32301

Student's Name _____ Birthdate _____ Sex _____
Address _____ Apt/Unit _____ City _____ Zip _____
Parent/Guardian Name _____ Cell Phone _____ Home/Work phone _____
School Student Currently Attends _____ Current Grade _____
Zoned 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 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.

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 magnet 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 is based on the availability of the program/services and the classroom capacity.

B. REASSIGNMENT CONSIDERATION: **May be submitted at any time.** Please select one choice.

_____ **Sibling Support** (Name and birthdate of sibling **who attends** requested school) Name: _____ Birthdate: _____

_____ **Grandfathering** _____ **Over/Under Capacity** _____ **Construction** (Submit contract for completion date verification)

_____ **Hardship** - Provide a written explanation of the extreme economic or medical hardship for the committee to review. Please submit your request by the first week of the month. The hardship meeting is held the second Thursday of each month. You will be notified by mail the third week of the month with the committees decision.

*Parents are responsible for obtaining the principal's signatures and submitting the request to the School Choice & Reassignment Office.

PRINCIPAL'S SIGNATURES REQUIRED FOR ALL REQUESTS - Principal's signature **does not** signify approval of this request.

_____ **Assigned School Principal** _____ Date

_____ **Requested School Principal** _____ Date

_____ **Parent/Guardian Signature** _____ Date

"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."