LIBERTY COUNTY SCHOOL DISTRICT ANNUAL SCHOOL REASSIGNMENT APPLICATION SCHOOL CHOICE 2023-2024

(Must apply each year. Separate application per student)

PLEASE PRINT LEGIBLY – COMPLETE THE ENTIRE FORM.

LIBERTY COUNTY STUDENTS RETURN THIS FORM TO THE SCHOOL WHERE YOU ARE CURRENTLY ENROLLED.

OUT OF DISTRICT STUDENTS – RETURN THIS FORM TO YOUR SCHOOL OF CHOICE.

Out-of-Zone applications must be submitted by May 5, 2023. See FS 1002.31 for priority status or see lcsb.org for more information. Today's Date: _____ Was your child granted an Out of Zone Reassignment last school year for the same school you are requesting? ______ Do you live in Liberty County? _____ Are you requesting an Out of Zone Reassignment for a sibling? If yes, please print the name of each sibling below: (Separate application required for each child requested.) Sibling 1: Sibling 2: Sibling 3: Sibling 4: School requested: _____ Grade Level for requested year: _____ School year for this request: _____School currently zoned for: _____ Does your child have a current IEP or 504 Plan? If you are out of district you must submit the current IEP or 504 Plan with this application to be considered. Student Date of Birth: _____ Sex: M ___ F ___ Ethnicity: ____ Student Name: ______ Physical Address: _____ City/State/Zip: _____ Parent/Guardian Name: _____ Parent/Guardian Mailing Address: City/State/Zip (if different from above) Work Phone: Cell: Home Phone: APPLICATIONS WILL BE PROCESSED IN THE ORDER IN WHICH THEY ARE RECEIVED. A LOTTERY WILL BE INSTITUTED IF

No person shall, on the basis of race, color, religion, gender, age, marital status, sexual orientation, disability, political or religious beliefs, national or ethnic origin, or genetic information, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity, or in any employment conditions or practice conducted by this School District.

A SCHOOL NEARS 90% CAPACITY BASED ON STUDENT REQUESTS.

STUDENT REASSIGNMENT CONTRACT for 2023-2024

Complete a Contract for each student requesting reassignment

I request my child,		to attend a School of Choice during the 2022-2023 s		22 school year rather than	
the scholt is clear following student any student Code of prior ap	pool in their residential attendar arly understood that the studering ag conditions and responsibiliti success, school administration dent engaging in behavior that ag Conduct may be immediately	nce zone. By signing on the will be withdrawn es are violated as det in will document commitses to the level of in recommended for dignment Committee.	this contract my child and I agree to abide by of from the assigned school and assigned to theis termined by the administration of the out-of-zemunication with parents prior to the dismissal n-school or out of school suspension in accordismissal from the school of choice by the Princi The determination will be made based on the	conditions of the contract. If home school if ANY of the one school. To facilitate of the student. However, dance with the Student pal. All dismissals will have	
A.	REGULAR CLASS ATTENDANO	Œ			
_	The student agrees to adhere to the district attendance policy. B. MAINTENANCE OF PASSING GRADES				
В.	Middle and High School students must have and maintain a minimum 2.5 cumulative annual grade point average.				
	Elementary School, 1 st – 5th must maintain passing grades, per the Student Progression Plan. The only exception are kindergarten students who will be evaluated at the end of the year and must meet the criteria set forth by the standards-based report card to progress to the next grade level, per the Student Progression Plan.				
C. SOCIAL BEHAVIOR					
	The student agrees to exhibit acceptable social behavior on campus and at school related activities and agrees to refrain				
	from involvement with drugs, alcohol, and tobacco.				
D.	D. CLASSROOM, SCHOOL AND DISTRICT RULES AND POLICIES The student agrees to follow all classroom, school and district rules and policies and understands that they may have no				
more than 2 office referrals, (Level 2 or higher infractions), or one out-of-school suspension or expulsion.					
E.	transportation to school or re	gular bus stop if grar	os within Liberty County. Parents/guardians and the out-of-zone. Parents/guardian must not one of the school day.		
Studen	t Signature	Date	Parent/Guardian Signature	Date	
	Transfer request approved	OFF	FICIAL USE ONLY		
	Transfer request approved				
Notes	:				
	Transfer request NOT appro	ved			
Notes	::				

Date

Review Committee Chair Signature