Received by	v:	Date:	
CCCIVCU D	у.	Dute.	

LIBERTY COUNTY SCHOOL DISTRICT Kg-12th GRADE ANNUAL SCHOOL REASSIGNMENT APPLICATION SCHOOL CHOICE 2025-2026

Must apply each year. (Separate application per student)

LIBERTY COUNTY STUDENTS RETURN THIS FORM TO THE SCHOOL WHERE YOU <u>ARE</u> **CURRENTLY ENROLLED**.

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

NEW applicants will not be considered without a copy of student records (including grades, discipline, attendance, & IEP/504 data) with their completed application.

Reassignment applications must be submitted April 1-May 2, 2025. See FS 1002.31 for priority status or see lcsb.org for more information.

Decisions will be communicated with applicants by June 6, 2025.

Today's Date:

Student Name:

Do you live in Liberty County	?YesNo			
Are you requesting an Out of	Zone Reassignment for a	a sibling? If yes, please p	orint the name of	each sibling below:
	(Separate application	required for each child re	equested.)	
Sibling 1:	Applying for:LCHS	Sibling 2:		Applying for:LCHS
Grade:	W P Tolar		Grade:	W P Tolar
Sibling 3:	Applying for:LCHS	Sibling 4:		Applying for:LCHS
Grade:	MAC Talan		Grade:	W P Tolar
School requested:		Grade Level for request	ed year:	
School year for this request:	School currer	ntly zoned for:		
Student Date of Birth:	Sex: M	F Ethnicity:		
Physical Address:				
City/State/Zip:				
Parent/Guardian Name:				
Parent/Guardian Mailing Add				
City/State/Zip				

Contact Chesnee Layne at <u>Chesnee.layne@lcsb.org</u> regarding PreK registration.

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.

			/: Date:
	STUDENT REASSIGN	MENT CONTRACT for 2025-2026	
C	omplete a Contract for e	each student requesting reassignment.	
the school in their residential atto contract. It is clearly understood ANY of the following conditions a facilitate student success, school However, any student engaging i Student Code of Conduct may be	endance zone. By signing to that the student will be wond responsibilities are violated administration will docume to behavior that rises to the immediately recommended District Reassignment Com	attend a School of Choice during the 2024-20 his contract my child and I agree to abide by tithdrawn from the assigned school and assignated as determined by the administration of tent communication with parents prior to the elevel of in-school or out of school suspensioned for dismissal from the school of choice by the inmittee. The determination will be made based	the conditions of the ned to their home school if the out-of-zone school. To dismissal of the student. n in accordance with the the principal. All dismissals
 B. MAINTENANCE OF PASS Middle and High School Elementary School, 1st — kindergarten students w based report card to proceed to be seen to be	there to the district attendant ING GRADES students must have and must maintain passing the will be evaluated at the gress to the next grade level thibit acceptable social behaves, alcohol, and tobacco IND DISTRICT RULES AND IT llow all classroom, school and the control of the covided at regular bus stop or regular bus stops if grant in the control of the covided at regular bus stops if grant in the covided at regular bus stops if grant in the covided at regular bus stops if grant in the covided at regular bus stops if grant in the covided at regular bus stops if grant in the covided at regular bus stops if grant in the covided at regular bus stops if grant in the covided at regular bus stops if grant in the covided at regular bus stops if grant in the covided at regular bus stops if grant in the covided at regular bus stops if grant in the covided at regular bus stops if grant in the covided at regular bus stops if grant in the covided at regular bus stops if grant in the covided at regular bus stops if grant in the covided at regular bus stops if grant in the covided at regular bus stops if grant in the covided at regular bus stops if grant in the covided at regular bus stops if grant in the covided at regular bus stops if grant in the covided at regular bus stops if grant in the covided at regular bus stops in the covided at regular bus	aintain a minimum of 2.5 cumulative annual g grades, per the Student Progression Plan. The end of the year and must meet the criteria so rel, per the Student Progression Plan. havior on campus and at school related activit	ne only exception are et forth by the standards- ies and agrees to refrain s that they may have no expulsion. re required to provide
 Student Signature	 Date	 Parent/Guardian Signature	 Date
Stadent Signature		· •	
Transfer request appro		ICIAL USE ONLY	
Notes:			

Date

____ Transfer request **NOT** approved.

Review Committee Chair Signature

Notes:_____