

**LIBERTY COUNTY SCHOOL DISTRICT  
ANNUAL SCHOOL REASSIGNMENT APPLICATION  
SCHOOL CHOICE 2020-2021  
(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 **June 1, 2020**. 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)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**APPLICATIONS WILL BE PROCESSED IN THE ORDER IN WHICH THEY ARE RECEIVED. A LOTTERY WILL BE INSTITUTED IF A SCHOOL NEARS 90% CAPACITY BASED ON STUDENT REQUESTS.**

*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.*

**STUDENT REASSIGNMENT CONTRACT - 2020-2021**

*Complete a Contract for each student requesting reassignment*

I request my child, \_\_\_\_\_, to attend a School of Choice during the 2020-2021 school year rather than the school in their residential attendance zone. By signing this contract my child and I agree to abide by conditions of the contract. It is clearly understood that the student **will be withdrawn** from the assigned school and assigned to their home school if **ANY** of the following conditions and responsibilities are violated as determined by the administration of the out-of-zone school. To facilitate student success, school administration will document communication with parents prior to the dismissal of the student. However, any student engaging in behavior that rises to the level of **in-school or out of school suspension in accordance with the Student Code of Conduct** may be immediately recommended for dismissal from the school of choice by the Principal. All dismissals will have prior approval from the District Reassignment Committee. The determination will be made based on the review of supporting documentation provided by the Principal.

**A. REGULAR CLASS ATTENDANCE**

The student agrees to adhere to the district attendance policy.

**B. MAINTENANCE OF PASSING GRADES**

Middle and High School students must have and maintain a minimum 2.5 cumulative annual grade point average. With the exception of 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. 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 suspensions or expulsion.

**E. TRANSPORTATION**

Transportation will be provided at regular bus stops within Liberty County. Parents/guardians **are required** to provide transportation to school or regular bus stop if granted out-of-zone. Parents/guardian must not drop-off students prior to designated school hours and must pick up students by the end of the school day.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**OFFICIAL USE ONLY**

\_\_\_\_ Transfer request approved

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ Transfer request **NOT** approved

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Review Committee Chair Signature

\_\_\_\_\_  
Date