

JACKSON COUNTY SCHOOL DISTRICT
SCHOOL REASSIGNMENT APPLICATION

(Each student must apply each year. A separate application is required for each student.)

PLEASE PRINT LEGIBLY – COMPLETE THE ENTIRE FORM AND EMAIL OR FAX TO THE DISTRICT OFFICE

Attention: Ashley Barber schoolofchoice.jcsb@jcsb.org

Or fax to 850-482-1342

Out-of-Zone applications must be submitted by June 30th. See FS 1002.31 for priority status or see www.jcsb.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? _____

Student Name: _____ Student Date of Birth: _____

Sex: M F Ethnicity: _____ School year for this request: _____

School Requested: _____ Grade Level for requested year: _____

School / County currently zoned for: _____

Physical Address: _____

City/State/Zip: _____

Are you requesting an Out of Zone Reassignment for a sibling? If yes, please print the name of each sibling below: (A separate application is required for each child requested. This information will be used to assist with placing siblings.)	
Sibling 1: _____	Sibling 3: _____
Sibling 2: _____	Sibling 4: _____

Parent/Guardian Name: _____

Parent/Guardian Mailing Address:
(if different from above) _____

City/State/Zip: _____

Home Number: _____ Work Number: _____ Cell Number: _____

Parent Email: _____

APPLICATION 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.

STUDENT REASSIGNMENT CONTRACT

(Each student must apply each year. A separate contract is required for each student.)

All educational programs, activities, and opportunities offered by public educational institutions must be made available without discrimination on the basis of race, ethnicity, national origin, gender, disability, or marital status, in accordance with the provisions of s. 1000.05.

This contract between *the Jackson County School District* and the student named on page one of this form is to provide an educational opportunity for the student who wished to transfer pursuant to s. 1002.31.

A. REGULAR CLASS ATTENDANCE

The student agrees to attend class on time every day except when the absence is verified through a written excuse from the parent or guardian. School administration may require official third party documentation such as doctor's note for excessive absenteeism and/or tardies. If the student meets the criteria for truancy, reassignment may be VOIDED.

B. MAINTENANCE OF PASSING GRADES

The student must maintain passing grades in order to remain in compliance. Grades will be reviewed after each grading period.

C. SOCIAL BEHAVIOR

The student agrees to exhibit acceptable social behavior on campus and at school related activities as indicated in the Jackson County Code of Conduct and agrees to refrain from involvement with drugs, alcohol or 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 a referral to the administration for a rules or policy violation may VOID this contract.

E. TRANSPORTATION

Transportation will be provided at regular bus stops within Jackson County. Parents/Guardians required to provide transportation to school or regular bus stop if granted out-of-zone.

My signature signifies a clear understanding that the student may be withdrawn from the assigned school and assigned to the home school if ANY of the above conditions and responsibilities are violated as determined by the Jackson County School Board.

Student Signature	Date	Parent/Guardian Signature	Date
OFFICIAL USE ONLY			
<input type="checkbox"/> Transfer request approved			
Notes:			
<input type="checkbox"/> Transfer request NOT approved			
Notes:			
Review Committee Chair Signature		Date	