

202 -202

# CHOICE OPTION APPLICATION ±EMPLOYEE OPTION



(The employee option allows a transfer only to the nearest appropriate school to the H P S O R \ H H \ V Z R U N V L W H

\*The employee must be the legal guardian.

During the Special Transfer Option period, parents may request a special transfer for their child(ren) from the neighborhood school to attend the H P S O R \ H H \ V Z R U N V L W H or closest appropriate school to the H P S O R \ H H \ V Z R U N V L W H. Dedicated Magnet Schools are not considered appropriate schools.

Student Name \_\_\_\_\_ Student Number \_\_\_\_\_ Race \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Street Apt. # City Zip

Current School (202 202 ) \_\_\_\_\_ Current Grade Level ( - ) \_\_\_\_\_

Requested School ( - ) \_\_\_\_\_ ( P D L O \$ G G U H V V \$ D U H Q W \* X D U G L D Q

Date of Birth \_\_\_\_\_ Social Security \_\_\_\_\_  
Month/Day/Year

Place of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_  
City State

Previous School Location \_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_  
City State

OFFICE USE ONLY

### PLEASE RESPOND TO THE FOLLOWING QUESTIONS:

Is there a Court Order barring either parent from enrolling and/or withdrawing the student from school? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_ If yes, provide the School Choice office with a copy of the applicable Court Order.

If divorced or separated:

Do parents have shared (or joint) parental rights and responsibilities? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_ If no, provide the School Choice office with a copy of the Court Order which limits either parent's parental rights or responsibilities regarding the student.

Does either parent have final decision-making authority regarding educational decisions for the student? If yes, provide the School Choice office with a copy of the Court Order stating that one parent has final parental decision-making authority regarding education. Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

By the signature below, I understand that by submitting this application, any prior acceptance by special assignment magnet, career academy, or charter will be canceled.

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Worksite \_\_\_\_\_ Position \_\_\_\_\_ ( P S O R \ Information ) \_\_\_\_\_ ( P S O R \ ID Number ) \_\_\_\_\_

3 U L Q F S i g n a t u r e \_\_\_\_\_ Date \_\_\_\_\_

PLEASE DO NOT FAX ± RETURN APPLICATION IN PERSON OR BY (MAIL TO THE ATTENTION OF: Mrs. Lisa Gadson  
J D G V R Q O # G X Y D Parent Resource Center Building B 4037 Boulevard Center Dr. Suite 100 Jacksonville, Florida

32207