

2023-2024

CHOICE OPTION APPLICATION – EMPLOYEE OPTION



(The employee option allows a transfer only to the nearest appropriate school to the employee’s worksite.)

**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 employee’s worksite or closest appropriate school to the employee’s worksite. 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 (2020-2021) _____ Current Grade Level (2020-2020) _____

Requested School (2021-2022) _____ Requested Program (Middle and High Schools Only) _____

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 such as magnet, career academy, or charter will be canceled.

Parent/Guardian Name _____ Parent/Guardian Signature _____ Date _____

Employee’s Information

Worksite _____ Position _____ Employee’s ID number _____

Principal’s Signature _____ **Date** _____

**PLEASE DO NOT FAX – RETURN APPLICATION IN PERSON OR BY MAIL TO THE ATTENTION OF: Mrs. Lisa Gadson
Parent Resource Center Building B 4037 Boulevard Center Dr. Suite 100 Jacksonville, Florida 32207**