

2024-2025

# 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 (2023 - 2024) \_\_\_\_\_ Current Grade Level (2023-2024) \_\_\_\_\_

Requested School (2024-2025) \_\_\_\_\_ Email Address (Parent/ Guardian) \_\_\_\_\_

**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 EMAIL TO THE ATTENTION OF: Mrs. Lisa Gadson  
gadsonl2@duvalschools.org Parent Resource Center Building B 4037 Boulevard Center Dr. Suite 100 Jacksonville, Florida**

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