



2016-2017
MAGNET APPLICATION

Samuel W. Wolfson Dedicated Magnet

During the Magnet lottery period, parents may request an assignment for their child(ren) to attend Samuel W. Wolfson Dedicated Magnet. An assignment to Samuel Wolfson is based on seat availability through:

1. Former neighborhood attendance preference;
2. Military dependent for a transitioning student;
3. Program continuity from Julia Landon College Preparatory and Leadership Development School, **AND** has a sibling returning to Samuel W. Wolfson
4. Program continuity from Julia Landon College Preparatory and Leadership Development School;
5. Tiered Continuity from James Weldon Johnson College Preparatory School, Darnell Cookman School of the Medical Arts and Kirby Smith Gifted and Accelerated Math, Science and Technology Programs, **OR** siblings of students enrolled at Samuel W. Wolfson;
6. Students whose parents attend a tour at Samuel W. Wolfson, and
7. Students who do not meet any of the other criteria but would like to attend.

Student Name _____ Student Number _____ Race _____
Last First Middle

Address _____ Phone _____ Date of Birth _____
Street Apt. # City Zip

Current School (2015-2016) _____ Current Grade Level (2015-2016) _____ Projected School (2016-17) _____

Magnet Program: _____ Leadership (AP Honors) _____ Business/Finance/Law (10th, 11th and 12th grades only)

Social Security _____

Place of Birth _____ Sex _____ Grade _____
City State

Previous School Location _____ Public _____ Private _____
City State

OFFICE USE ONLY

Application
August 1, 2016
Deadline

Original to Choice Office
Copy remains at School

Statement of Understanding

By the signature below, I understand that my 9th grade child will, at a minimum, participate in an all honors level curriculum.

Parent/Guardian Name _____ Parent/Guardian Signature _____ Date _____
Please print

SIBLING PREFERENCE FOR NEW TRANSFER: Parents may request that a brother or sister (sibling) may be given preference for assignment to the same school where a sibling will be attending for the 2016-17 school year. Siblings must reside at the same address.

Sibling's Full Name: _____ 2015-16 Grade Level: _____ Sibling's Student Number: _____

PLEASE DO NOT FAX – RETURN APPLICATION IN PERSON OR BY MAIL TO:
DUVAL COUNTY PUBLIC SCHOOLS ADMINISTRATION BUILDING, School Choice Office, 2nd Floor, 1701 PRUDENTIAL DRIVE, JACKSONVILLE, FL 32207

