

THE SCHOOL DISTRICT OF OSCEOLA COUNTY

School Choice Application 2021-2022

Please return completed application to: Email: choiceprogramapplication@osceolaschools.net

Fax: (407) 518-2975

Mail: Educational Choices and Innovation 1200 Vermont Ave., St. Cloud FL 34769 For more information: (407) 870-4847

Deadline for all Choice Programs: February 1, 2021

Additional program information and requirements may be found in the 2021-2022 Choice Program Brochure: www.osceolaschools.net/choice *Please read the application carefully. * Incomplete applications will not be processed.

* Applicants will be considered for their first option only. Second choices are considered if the district is unable to grant the first choice.						
udent Name:		ID Number:		Current Grade:	Grade Applyi	ng For:
ender: F	M Birth Date:	Parent(s)/Les	gal Guardian(s):		Current School:	
:hnic Origins: (d	choose one) Hispan or Non-His	panic Race:				
	nerican Indian/Alaskan	Asian/Pacific Islander	Black/Non-Hispanic	White/Non- Hispanic Na	tive Hawaiian/Pacific Island	der
orne Address: (s	treet/ apt number, city, state, zip)					
ailing Address:	(If different than above)					
ome Phone:		Cell Phone:	Cell Phone: Alternate Number:			
mail of Parent(s)	/ Legal Guardian(s):					
		СН	OICE SCHOOL SELECTION	ON		
Directions:	Write your 1st & 2nd school of Ch	oice below.				
Name	1 st CHOICE School:					
	Name of Program:	1.				
Name	2 nd CHOICE School:					
Ivalile						
	Name of Program:	1.				
*If you are	requesting MULTIPLE SIBLINGS	to attend the SAME so	chool, list their names I	pelow. ONE APPLICATION P	ER STUDENT IS REQU	IRED
1.		2.		3.		
PRIORITY	ELECTION - Please select only if	annlicable (Falsification	of information provided	on application could lead to i	neligibility)	
_						
	S: Priority will be granted to siblings (Iready attending and will be attendi				e same household. Na	ime of one (1) sibling
	OF SIBLING ALREADY ATTENDING THE CHOI		PROGRAM		I RTH DATE	GRADE
NAME	F SIBLING AEREADT ATTENDING THE CHOI	CE SCHOOL	PROGRAM	В	IKINDATE	GRADE
_	RY: Priority will be granted to depend					
	CIRCUMSTANCES A: Priority will be					_
	CIRCUMSTANCES B: Priority will be a ss or death of a custodial parent. Plea			_		
_	T EMPLOYEE: Priority will be granted					orting documentation.
	ID No	·				
	JRE: I have read, understand					
	 Transportation will be responsibility of the parent, unless applying for an eligible program. For eligible programs, read page four. Only one (1) application may be submitted per student. For all new applicants, address changes must be submitted to the Charter Schools and 					
	Only one (1) <u>application may be submitted per student.</u> For all new applicants, address changes must be submitted to the Charter Schools and Educational Choices Department in writing. Address changes for current district students must be done at the current school.					
	 Students are obligated to accept the choice school they have indicated, if selected, or they must return to their zoned school. 					
	nd the information stated in the a					
	ncoming kindergarteners must be			sadon on the application	Journal Tour Confiden	.0
Parent or Guardian Signature: Date						