



THE SCHOOL DISTRICT OF OSCEOLA COUNTY
DEPARTMENT OF CHARTER SCHOOLS & EDUCATIONAL CHOICES

School Choice Application for High Schools
School Year 2020-2021

Please return completed application to:
Email: choiceprogramapplication@osceolaschools.net
Fax: (407) 518-2975
Mail: Charter Schools & Educational Choices
 1200 Vermont Ave., St. Cloud FL 34769
For more information: (407) 870-4847

Deadline for all Choice Programs: February 3, 2020

Additional program information and requirements may be found in the 2020-2021 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.**

Student Name:		ID Number:	Current Grade:	Grade Applying For:
Gender: <input type="checkbox"/> F <input type="checkbox"/> M	Birth Date:	Parent(s)/Legal Guardian(s):		Current School:
Ethnic Origins: (circle one) Hispanic or Non-Hispanic				
Race: (circle one) American Indian/Alaskan Native Asian/Pacific Islander Black/Non-Hispanic White/Non-Hispanic Native Hawaiian/Pacific Islander				
Home Address: (street/ apt number, city, state, zip)				
Mailing Address: (if different than above)				
Home Phone:		Cell Phone:	Alternate Number:	
Email of Parent(s)/ Legal Guardian(s):				

CHOICE SCHOOL SELECTION

Directions: Write your 1st & 2nd school of Choice below.

Name 1st CHOICE School:	
<i>Name of Program:</i>	1.
Name 2nd CHOICE School:	
<i>Name of Program:</i>	1.

*If you are requesting **MULTIPLE SIBLINGS** to attend the **SAME** school, list their names below. **ONE APPLICATION PER STUDENT IS REQUIRED**

1. _____ 2. _____ 3. _____

PRIORITY SELECTION - Please select only if applicable (Falsification of information provided on application could lead to ineligibility)

SIBLINGS: Priority will be granted to siblings (brother, sister, half-brother, half-sister, stepbrother, or stepsister) living in the same household. Name of **one (1) sibling who is already attending and will be attending** the same Choice school to which this applicant is applying:

NAME OF SIBLING ALREADY ATTENDING THE CHOICE SCHOOL	PROGRAM	BI RTH DATE	GRADE

MILITARY: Priority will be granted to dependent children of active military personnel whose move resulted from military orders. Please attach the military orders.

SPECIAL CIRCUMSTANCES A: Priority will be granted to children who have been relocated due to foster care placement. Please include supporting documentation.

SPECIAL CIRCUMSTANCES B: Priority will be granted to children who recently moved due to a court-ordered change in custody due to separation, divorce, or the serious illness or death of a custodial parent. Please include custody paperwork, parenting plan, signed court order or doctor/ hospital note as supporting documentation.

DISTRICT EMPLOYEE: Priority will be granted to children whose parent is currently employed by the School District of Osceola County.

Employee ID No. _____ Name of School or Dept. _____ Position _____

SIGNATURE: I have read, understand and agree to the following:

1. **Transportation will be responsibility of the parent**, unless applying for an eligible program. For eligible programs, read page four.
2. **Only one (1) application may be submitted per student.** 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.
3. Students are obligated to accept the choice school they have indicated, if selected, or they **must return to their zoned school.**
4. Completion of this application does not guarantee admission.
5. If my child is not selected this year, I must reapply next year.
6. My signature below verifies, that I declare, under penalties of perjury, Pursuant to Florida Statute, Section 92.525, that I have read this application and the information stated in the application is true and correct. Falsification of information on the application could lead to ineligibility.
7. Incoming kindergarteners must be 5 years old by September 1, 2020.

Parent/ Legal Guardian Signature: _____ Date: _____