Alachua County Public Schools
Zoning Department

352-955-7700
620 East University Avenue
Gainesville, FL 32601

This application must be completed by the parent/legal guardian and sent to the Zoning Department.

Request for School Choice

Student's Last Name, First Name _____ Birth Date _____ Grade Level for Year of Request _____

Parent/Legal Guardian's Name _____ Telephone Number _____

Address _____ City _____ Zip Code _____

I am requesting that my child be reassigned to:

First Choice _____ Second Choice _____ Third Choice _____

Name of school this child is now attending _____

Name(s) of sibling(s) who now attend school of first choice _____

If your child has never attended an Alachua County School before, please attach a copy of your child's birth certificate and social security card, so that a state ID number can be issued.

If this choice assignment is authorized, I understand that transportation is not guaranteed; this assignment will continue until a transition grade has been achieved; and if this child becomes a disciplinary problem or has excessive absences or tardiness, this choice assigned may be revoked.

Signature of Parent/Legal Guardian _____ Date _____

ACPS USE ONLY

Authorized signature from the Zoning Dept. ONLY _____

Approved for _____

Denied

Comments: **Date** _____

Form No. RES 078.002
New Date: 12/4/07

Copies: White: Zoning Department
Yellow: Return to parent after processing
Gold: Parent's receipt of applying