

**SCHOOL BOARD OF LEVY COUNTY
APPLICATION FOR PUBLIC SCHOOL CHOICE**

New Request Repeat Request

Student Name: (Last) _____ (First) _____ (Middle) _____

Home Address: _____

Mailing Address (if different) _____

Parent(s) or Guardian(s) Name(s): _____

Home Phone: _____ Work Phone: _____ Other: _____

Student's Birth Date _____ Sex: Male Female

ETHNICITY: (Check one) White (Non-Hispanic) Black (Non-Hispanic) Hispanic
 Asian Pacific Islander American Indian Alaskan Native

School Currently Attending _____ Present Grade Level _____

School Requesting to Attend _____

I have other siblings attending the requested school. (Attach list with names and grade)

Is Student Currently Enrolled in a Special Program? ESE ESOL Title I

Comments/Reason for Request if Out of Choice Zone: _____

I certify that the information provided on this application is true and correct.

Parent/Guardian Signature _____ Date _____

Return application to any school or to:

**School Board of Levy County
480 Marshburn Drive
Bronson, Florida 32621
352-486-5231**