

**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

Student Social Security No. : \_\_\_\_\_

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 am requesting transportation be provided.

I am not requesting transportation.

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  
P.O. Drawer 129  
Bronson, Florida 32621**