

**DUVAL COUNTY PUBLIC SCHOOLS
MAGNET SCHOOL APPLICATION 2012-2013
ELEMENTARY (K-5): RESIDENTIAL ZONE 7**

Student I.D.	Student Name	Home Address
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NEW STUDENT

Students who have never been enrolled in a Duval County Public School must complete all information on the back of this application. Incomplete applications cannot be processed.

You may make up to three Magnet Program choices. Place (1) before your first choice, (2) before your second choice, and (3) before your third choice. Preference given to applicants who tour the selected schools and get the principal's signature. Students who have program continuity listed above do not need a signature.

<u>Choice</u>	<u>Magnet School/Program</u>		<u>Principal's Signature</u>
_____	BRENTWOOD ELEMENTARY- School of the Arts	(0151O3)	_____
_____	SAN PABLO ELEMENTARY- Health and Fitness	(0801R2)	_____
_____	J. ALLEN AXSON ELEMENTARY- Montessori	(1411P0)*	_____
_____	JACKSONVILLE BEACH ELEM.- Gifted	(1441J1)	_____
_____	JACKSONVILLE BEACH ELEM.- Academically Talented	(1441J2)	_____
_____	RICHARD L. BROWN ELEM.- Primary Years IB	(1481X4)	_____
_____	JOHN E. FORD K-8 SCHOOL- Spanish Montessori	(1542H0)*	_____
_____	JOHN E. FORD K-8 SCHOOL- Spanish Immersion	(1542H2)*	_____
_____	JOHN E. FORD K-8 SCHOOL- Montessori	(1542P0)*	_____
_____	PINE FOREST ELEMENTARY- School of the Arts	(1591O3)	_____
_____	MAYPORT ELEMENTARY- Coastal Sciences Academy	(2271M4)~~~~	_____
_____	ANDREW A. ROBINSON ELEM.- Math / Science / Pre-Engineering	(2621M2)	_____
_____	OTHER _____		_____

* Students are not accepted after 1st grade without prior experience. Prior Montessori experience must be a minimum of a full year from the immediate preceding school year.

~~~~ Transportation provided to students who reside in these attendance areas: R. L. Brown, John Love, Long Branch.

Parent agrees to provide transportation if applying for a magnet school in a different transportation zone. \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**SIBLING PREFERENCE**

|             |                   |               |                         |              |
|-------------|-------------------|---------------|-------------------------|--------------|
| <b>Name</b> | <b>Student_ID</b> | <b>School</b> | <b>Program Category</b> | <b>Grade</b> |
|-------------|-------------------|---------------|-------------------------|--------------|

RETURN TO: Magnet Office/Duval County Schools/1701 Prudential Drive/Jacksonville, FL 32207 BY FEBRUARY 29, 2012.  
Only applications with original signature are accepted. Please do NOT Fax.

## MAGNET APPLICATION FOR NEW STUDENTS 2012-2013

A student who is currently enrolled in a private school, an out-of-county school, or who is entering the Duval County Public School system for the first time must complete the following information before the student's magnet application can be processed. Missing information will delay processing of the application.

|                                                                                                                                                                                                                                                                                                                             |                                                                                 |                                                                                                                      |                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------------------------|
| <b>Last Name:</b>                                                                                                                                                                                                                                                                                                           | <b>First Name:</b>                                                              | <b>Middle Name:</b>                                                                                                  |                              |
| <b>Parent/Guardian Full Name:</b>                                                                                                                                                                                                                                                                                           |                                                                                 |                                                                                                                      |                              |
| <b>Address:</b>                                                                                                                                                                                                                                                                                                             |                                                                                 |                                                                                                                      | <b>Zip Code:</b>             |
| <b>Home Phone:</b>                                                                                                                                                                                                                                                                                                          | <b>Mother's Work Phone:</b>                                                     | <b>Father's Work Phone:</b>                                                                                          |                              |
| <b>Student's Birth Date</b><br>Month:_____Day:_____Year:_____                                                                                                                                                                                                                                                               | <b>Student's Place of Birth</b><br>City:_____State/Ctry:_____                   | <b>Student's Social Security Number</b>                                                                              |                              |
|                                                                                                                                                                                                                                                                                                                             | 1 <sup>st</sup> Day in US if born outside of US _____                           | <b>Active Military Status?</b> <input type="checkbox"/><br><i>(If checked, must complete additional application)</i> |                              |
| <b>Ethnicity:</b> (If multi-racial, please check all that apply)<br><input type="checkbox"/> Am Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White<br><input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino<br><input type="checkbox"/> Pacific Islander | <b>Sex:</b><br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | <b>2011-2012 Grade Level</b>                                                                                         | <b>2012-2013 Grade Level</b> |
| <b>Current School:</b> <span style="float: right;"><input type="checkbox"/> Public School    <input type="checkbox"/> Private School</span>                                                                                                                                                                                 |                                                                                 |                                                                                                                      |                              |
| <b>School's Address:</b>                                                                                                                                                                                                                                                                                                    |                                                                                 |                                                                                                                      |                              |
| <b>For out-of-county residents only:</b> Has Out-of-County Release Been Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                 |                                                                                 |                                                                                                                      |                              |

*For Office Use Only*

|                        |                          |
|------------------------|--------------------------|
| <b>Student Number:</b> | <b>Residential Zone:</b> |
|------------------------|--------------------------|

***Students applying for admission as a military dependent student (per F.S. 1003.05) must also complete the Military Transfer Option application and submit it and the appropriate documentation with this application.***