

**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: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_

Current School Attending: \_\_\_\_\_

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? \_\_\_\_\_

Comments/Reason for Request if Out of Choice Zone:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Parent/Guardian Name (Please Print): \_\_\_\_\_

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**