

Choice Option Area
2016-2017
School Year

2016-17 SCHOOL PREFERENCE PACKET FOR THE HERON HEIGHTS/PARK TRAILS COMBINED ELEMENTARY BOUNDARY

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ATTENTION HERON HEIGHTS & PARK TRAILS ELEMENTARY PARENTS:

All elementary students residing in the combined Heron Heights Elementary and Park Trails Elementary attendance area have the opportunity to request either school for the 2016-2017 school year. Parents indicate their preference by completing a Choice Option Area application.

Current elementary school students may remain at their current school until they reach the sixth grade. All students who are not currently attending their desired school may indicate their preference by submitting the attached application. Siblings will be guaranteed placement in the same school. Following sibling placement, all remaining seats, pending availability, will be filled through parent application, giving geographic priority based on the 2013-2014 Heron Heights Elementary and Park Trails Elementary attendance areas.

To indicate preference, parents may submit the one page application form included in this packet.

Notification letters will be mailed to the address on file for the applicant via US Mail. If your address has changed, please update your residential address at either Heron Heights Elementary or Park Trails Elementary before completing your Choice Option Area application. If an email address is provided on your application, you will be notified of your application status electronically.

Each applicant must have a Broward County Public Schools student identification number in order to indicate school preference. If your child is not currently enrolled in a Broward County Public School, please go to either Heron Heights Elementary or Park Trails Elementary school to obtain a student identification number. **This must be done prior to completing a Choice Option Area application.**

Students applying to kindergarten must be 5 years old by September 1, 2016.

Mail or hand deliver all completed Choice Option Area application forms to Demographics & Student Assignments Department at:

Demographics & Student Assignments Department
600 SE 3rd Avenue, Fort Lauderdale, FL 33301
Phone: (754) 321-2480

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IMPORTANT INFORMATION - PLEASE READ BEFORE COMPLETING THIS APPLICATION

School assignment will be based on space availability, guaranteeing that siblings will be able to attend the same school. Geographic priority will be based on the 2013-2014 Heron Heights Elementary and Park Trails Elementary school boundaries. After the priority placements stated above, all remaining available seats will be filled on a first come, first served basis.

Students applying to kindergarten MUST be five years old by September 1, 2016. Emailed or faxed applications are NOT ACCEPTED. **PLEASE COMPLETE ONE CHOICE OPTION AREA APPLICATION FOR EACH STUDENT PREFERENCE.** Parents will be notified of their school placement by US Mail.

Student Identification Number

Student's Date of Birth

Month Day Year

Gender

Male Female

Grade Applying (K-12)

Student's Last Name

Student's First Name

Race/Ethnic Category (check all that apply):

American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander Asian

Black or African-American White

Is the Student Hispanic or Latino? Yes No

*(Student's present address and telephone number must agree with the school information on file. If you moved or have a different phone number, you **MUST** contact Heron Heights Elementary or Park Trails Elementary with the correct information **BEFORE** sending in this form. If the information on this form is **NOT** the same as the information in the school records, this application will be null and void)*

Student's Address (No P.O. Box)

Bldg/Apt#

City

State

Zip Code

Email Address (supply an email address status notification) @

- Check all that apply:**
- () **Sibling** Check the most appropriate option below:
- () Applying student has a sibling that is currently attending and will continue to attend the requested school during the 2016-2017 school year.
 - () Applying student has a sibling that is also applying to the requested school for the 2016-17 school year.

Sibling Identification Number

Sibling's Last Name

Sibling's First Name

Indicate the Choice Option Area preference for the 2016-17 school year by marking an "X" in one of the boxes below:

<input type="checkbox"/>	I would like for my child to attend <u>Park Trails Elementary School</u>
<input type="checkbox"/>	I would like for my child to attend <u>Heron Heights Elementary School.</u>

By signing this document I confirm that I am the parent/legal guardian on file at the student's current school. I certify that all information contained herein is true and accurate and I understand that providing false information may result in the denial or rescindment of any school placement. I agree to support and follow the Unified Dress Program, individual school discipline plan, Policy 5004.1, and the Student Code of Conduct.

Parent/Legal Guardian Last Name

Parent/Legal Guardian First Name

Mobile or Home Phone

Parent/Legal Guardian Signature: _____ **Date:** _____

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