



**Pasco County Schools**  
**2019/20 School Choice Hardship Application**

Requests must be submitted no later than 11:00 am EST on the first Wednesday of the month in order to be considered at the next scheduled committee meeting. The School Choice Hardship Committee is expected to meet the second Thursday of each month. Notification to parents of the committee's decision will be by email and is expected to be on or before the third Thursday of the month. Documentation is required for hardship considerations. Email your completed Hardship application to [pascopathways@pasco.k12.fl.us](mailto:pascopathways@pasco.k12.fl.us)

**Important information to be considered before completing your application:**

- Transportation is not provided to students on School Choice.
- If the school you are requesting is not listed, it is a Frozen school.
- All Pasco County schools are monitored for class size availability. Not all grade levels are available at the schools listed on the School Choice Hardship Application.
- Approval to attend a school outside of a student's zone can be rescinded due to poor attendance, grades or behavior or if a student withdraws from a program (such as IB) upon which the approval was based.
- A student must be entering kindergarten and be five (5) years old on or before September 1 of the current school year to be eligible for School Choice reassignment.
- District consideration of Choice applications and hardship requests includes without limitation a review of the District's Open Enrollment plan, applicable State and Federal law, and School Board Policy.
- A student with a disability, and who is being educated with the use of an IEP (Individual Education Plan) or 504 Plan, may utilize this school choice process, or may otherwise utilize remedies set forth in Federal or Florida Law to seek a change of placement or school assignment to ensure their educational program is appropriate. The receiving school's ability to meet the student's needs, and implement the relevant plans will be determinative during the case-by-case analysis for assessing whether a parentally-preferenced school choice is appropriate and permissible.

\*Please refer to the School Choice Hardship Application Directions before submitting your application

Student Last Name \_\_\_\_\_ Student First Name \_\_\_\_\_ Student Date of Birth \_\_\_\_\_ Student ID # \_\_\_\_\_

Current Grade \_\_\_\_\_ Current School \_\_\_\_\_ Zoned School \_\_\_\_\_ Requested School \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Once a school reaches or exceeds capacity, the school is classified as frozen. If the school you are requesting is not listed below, the school is a Frozen school and has no seats available this school year. There may be schools below that are considered "frozen due to class size."

**Elementary Schools**

**Middle Schools**

**High Schools**

**A. School Choice Hardship Application Considerations:**

Legal Consideration (Required Legal Documentation)

Medical Consideration (Required Medical Documentation and Release of Records)

**B. School Choice Out of Open Enrollment Considerations:**

Dependent Children of Active military personnel

Foster care placement

A child of a full-time school system employee desiring to attend the school either where the parent works or in that feeder pattern, except in cases where student enrollment exceeds capacity.

Full-time Pasco County Schools' employee Legal First name: \_\_\_\_\_ Last name: \_\_\_\_\_

DSBPC Employee ID#: \_\_\_\_\_ Assigned Worksite: \_\_\_\_\_

Continuity for students who will enter the highest grade served in their school the following year (ex., entering 5<sup>th</sup>, 8<sup>th</sup>, or 12<sup>th</sup> grade)

Continued enrollment in programs not available at a student's zoned school

State scholarship program eligible students

**C. Sibling Consideration:**

Sibling Consideration - The sibling must be attending the school in the same year as the requested school choice

Siblings Legal Name: First Name \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Pasco County Schools Student ID#: \_\_\_\_\_ Residential address: \_\_\_\_\_  
\_\_\_\_\_

By signing the School Choice-Open Application indicates that you have read, understand, and agree to all of the terms and conditions regarding Pasco County School's Open Enrollment Program. Furthermore, this also signifies you are verifying that you have legal authority to make educational decisions for this student and all information you have provided on this application is true and correct. An applicant's failure to disclose information (e.g., being subject to suspension or expulsion, staffed into exceptional student education (having a current IEP), being assigned to a Department of Juvenile Justice program, et cetera) that would be relevant to the District's determination that the applicant could be served if accepted shall constitute grounds for revocation of school choice approval.

Parent Name (Print): \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_