

**2019 – 2020**  
**LEXINGTON COUNTY SCHOOL DISTRICT TWO**  
**LIMITED SCHOOL CHOICE APPLICATION PROCESS**

Limited School Choice attempts to provide parents that are legal residents of Lexington County School District Two with the means to enroll their children in a specific school based on an identified need. Choice requests will be granted based on mitigating circumstances and the enrollment capacity of the requested school in grades K5 -12.

The Limited School Choice program will strive to maintain the current racial balance of the district. Optimum enrollment capacity will not be exceeded for any school nor will students zoned to a school be displaced due to school choice requests.

When requesting school choice, PARENTS MUST AGREE TO TRANSPORT THE STUDENT, ensure punctuality/daily attendance, and be accessible to the school as needed. Students who are approved for school choice must remain at the school of choice until the end of the school year. The Board of Trustees and district administration supports the implementation of limited school choice as determined by the guidelines and application process.

**Limited School Choice Important Information:**

1. **THE DEADLINE FOR ACCEPTING APPLICATIONS WILL BE MARCH 15, 2019.** Applications received after the March 15 deadline will be placed on a waiting list for choice consideration.
2. Applicants who enroll in a school of choice may remain in the school until completion of the terminal grade. A new application must be submitted if the student moves from elementary to middle or middle to high (anytime the students move up to a new school). Students already on school choice **do not** have to submit a new application as long as the student will be in the same school for the 2019 – 2020 school year. However, if a student approved for school choice in past years is **changing schools** for the 2019 – 2020 school year, a new application will be required.
3. **Documentation supporting the request must be provided in order to be considered for approval based on priority reasons.** (See application instructions item #4 on page 2)
4. **PARENTS AGREE TO TRANSPORT THE STUDENT TO AND FROM THE REQUESTED SCHOOL, ENSURE PUNCTUALITY, GOOD ATTENDANCE INCLUDING TARDIES AND EARLY DISMISSALS, AND ADHERE TO THE DISCIPLINE POLICY. FAILURE TO ADHERE TO THE ABOVE STIPULATIONS MAY RESULT IN THE SCHOOL CHOICE PRIVILEGE BEING REVOKED.**
5. **Limited School Choice is only available for legal residents of Lexington County School District Two for students in grades K5 – 12th. School Choice is not an option for K3 or K4 students.**
6. **Please note - High School and/or Middle School Students that are approved for Limited School Choice may be limited in athletic participation for one year due to regulations of the South Carolina High School League.**

## LIMITED SCHOOL CHOICE 2019 – 2020 Application Instructions

1. An application can be obtained from any Lexington School District Two School or the Office of Student Services at 114 Hook Avenue, West Columbia, South Carolina 29169. Phone number: (803) 739-3141. Fax Number (803) 739-3142.
2. Completed applications for grades K5 –12 are to be mailed or returned to the Office of Student Services at the address listed above by **MARCH 15, 2019**. Applications received after the **March 15** deadline will be placed on a waiting list for choice and will not be considered until all applications meeting the **March 15** deadline are processed.
3. If applying for more than one student, please use a separate application for each child.
4. Limited school choice requests may be submitted for specific circumstances listed below in priority order. The documentation listed for each priority must be provided at the time of submitting the application or it **will not** be processed. **NO APPLICATION WILL BE CONSIDERED WITHOUT SPECIFIC DOCUMENTATION.**
  - 1 -Medical needs (statement signed by doctor)
  - 2 - Childcare provisions (statement signed by childcare provider)
  - 3 - Parent’s work location (statement signed by employer)
  - 4 – Daycare Location - (statement signed by daycare provider)
  - 5 – Continuation of School Choice – (moving from elementary to middle or middle to high)
  - 6 - Sibling placement with district assigned program
  - 7 -Specific instructional programs (acceptance/placement notification from school/district)
  - 8 -Other (Attach an explanation)
5. Upon receiving an application, the office of Student Services will review the student’s record with the administration of the school of choice.
6. Approved reasons for requesting school choice are ranked by the district in priority order. Requests will be granted based on the priority order and the enrollment capacity of the requested school. **If the number of applicants exceeds the determined enrollment capacity of a specific school, a waiting list for that school and grade level will be created.**
7. Applicants will be notified of acceptance, denial, or waiting list of the request by **May 30, 2019**.
8. Applicants that miss the **March 15** deadline will only be notified if the application is accepted prior to the **2019 – 2020** school year starting. Applications received after the **March 15** deadline will be placed on a waiting list for choice and will not be considered until all applications meeting the **March 15** deadline are processed.

### Important Reminders:

1. Bus transportation is **NOT** provided for students approved for the limited school choice program.
2. Students must maintain good behavior and good attendance (including no habitual tardiness or early dismissal) to continue in the Limited School Choice program.

**2019 – 2020 LEXINGTON COUNTY SCHOOL DISTRICT TWO  
Limited School Choice Application for Grades K5 through 12**

Student's Legal Name: \_\_\_\_\_

Sex: Male  Female  Race: W  B  H  A  M  P  I

Date of birth: \_\_\_\_\_ (MO/DA/YR) Student's Current Age \_\_\_\_\_

Legal Parent/Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Last School of Attendance (2018-2019): \_\_\_\_\_ Grade \_\_\_\_\_

Is the student served under IDEA for Special Needs? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the student in the Gifted and Talented program? Yes \_\_\_\_\_ No \_\_\_\_\_

Lexington Two School Zone Based on Home Address: \_\_\_\_\_

Has student ever been on school choice in prior years? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please list school and attendance dates below:

School Name	School Year(s)	Grade Level(s)	

School Requested for 2019 - 2020: \_\_\_\_\_ Grade for 2019-2020: \_\_\_\_\_

