# APPLICATION FOR OPTIONAL/MAGNET PROGRAM STATUS

If you are interested in implementing a new Optional/Magnet Program or interested in making changes to an existing Optional/Magnet program for your school, you will be required to obtain Board approval. Completion of the application below is the first step in this process.

Please complete the electronic application and it will be forwarded to the Optional & Magnet Programs Office. Please remember your proposal must be signed electronically by the Principal and SBDM Council.

* Required

## I. SCHOOL INFORMATION

1. **Name of School** *

2. **Principal** *

3. **Date of Application** *

## II. RATIONALE FOR YOUR OPTIONAL/MAGNET PROGRAM

4. **What kind of Optional/Magnet Program do you want to offer at your school?** *

5. **How will this Optional/Magnet Program attract a diverse student population to your school (i.e. ethnicity, Limited English Proficiency, Exceptional Child Education, Gifted & Talented, etc.)? ***

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6. **How will this Optional/Magnet Program improve student achievement/student learning? ***

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7. **Summarize and cite the research you have to support this Optional/Magnet Program. ***

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8. **List any current Optional/Magnet Programs already in your school. ***

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9. **If other Optional/Magnet Programs exist, will your school discontinue the current program?** *

type n/a if this does not apply to your school

10. **If yes, what happens to the students in the current Optional/Magnet Program?** *

type n/a if this does not apply to your school

11. **How will you effectively support multiple Optional/Magnet Programs in the building?** *

type n/a if this does not apply to your school

12. **Is your proposed Optional/Magnet Program similar to an already existing Optional/Magnet Program in the district? If so, where?** *

13. **How will your proposed Optional/Magnet Program be similar or different?** *

type n/a if this does not apply to your school

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14. **If yes, what is the justification for an additional Optional/Magnet Program with the same theme?** *

type n/a if this does not apply to your school

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15. **Is your school one of the 5-Star Career Theme High Schools?** *

Please check the appropriate box.
*Mark only one oval.*

◯ Yes

◯ No

16. **If NO, do any of the other 5-Star Career Theme High Schools have the same program?** *

Please check the appropriate box.
*Mark only one oval.*

◯ Yes

◯ No

◯ N/A

17. **Which of the 5-Star Career Theme High Schools have the program?**

Please proceed with answering question if YES was marked in above question.

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18. **If the program you want to add is outside of your career theme, please provide a rationale for why this addition is a benefit to your school.**

## III. TYPE OF OPTIONAL/MAGNET PROGRAM

19. **Please check the type of program you are applying for** *

    *Check all that apply.*

    ☐ Districtwide Magnet Program (*select students / part of the school participates in the magnet, districtwide transportation may not be provided)

    ☐ Districtwide Magnet School (*the entire school is a magnet, districtwide transportation is provided)

    ☐ Optional Program (*a small specialized program within a school, districtwide transportation is NOT provided)

    ☐ Boundary-Based Magnet Program

## IV. PROGRAM DESCRIPTION

20. **Describe the goals and intended outcomes of your program. What metrics will you use to measure the outcomes?** *

21. **How will you sustain this magnet program?**

22. **How is the proposal integrated with the school's Comprehensive School Improvement Plan (CSIP)?** *

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23. **What type of professional development will you need to support the program?** *

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24. **How will you continue to follow the JCPS Curriculum Maps and yet enhance your curriculum to support the Magnet theme in your school?** *

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25. **What will your school look like if the magnet is approved (i.e what programs, themes, magnets will be offered)?** *

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26. **What special activities or experiences, if any, will the program offer to students?** *

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27. **When is your anticipated start date for the Magnet Program?** *

# V. STAFF, PARENT AND COMMUNITY INCLUSION

28. **Describe how you involved the school's SBDM Council in the development of this proposal.** *

29. **Describe how you involved school staff in the development of this proposal.** *

30. **Describe how you involved parents, community members, etc. in the development of this proposal.** *

31. **What strategies will the school use to market the program and/or recruit students?** *

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# VI. BUDGET AND ORGANIZATIONAL PLANNING

32. **What budgetary needs are needed to support the program? Be specific with proposed draft budget.** *

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33. **What funding sources are available to support the program at the school level? Be specific with proposed draft budget.** *

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34. **What building modifications may be necessary? What is your approximate timeline for these modifications?** *

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35. **What additional funds will be requested to implement this program? Be specific with proposed draft budget.** *

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## Budget Upload

Please add your budget to SharePoint

https://spinternal.jefferson.kyschools.us/gheenswebsite/_layouts/15/listform.aspx?PageType=8&ListId=%7B2FC6C0FC%2D40D5%2D487C%2D97C1%2D80DD240C5AC8%7D&RootFolder=

## Assistant Superintendent Acknowledgment

36. **Have you obtained the approval of your Achievement Area Assistant Superintendent?** *
*Check all that apply.*

    ☐ Yes

    ☐ No

## Signature

I certify that I have permission from the Principal and SBDM Council to submit this application.  I certify that all the information in this application is correct and that I am the person submitting the application.

37. **First Name** *

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38. **Last Name** *

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## END OF APPLICATION FOR OPTIONAL/MAGNET PROGRAM STATUS

If you have any questions about this application, please email the Optional/Magnet Office at kathy.mcginnis@jefferson.kyschools.us

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