Leake County Department of Education

The mission of the Leake County School District is to provide a high quality education that will increase the learning of all students.

Post Office Drawer 478

Carthage, Mississippi 39051

www.leakesd.k12.ms.us Phone: (601) 267-4579 Fax: (601) 267-5283

October 27, 2011

Dear Parent/Guardian:

Based on 2011 AYP Results, Leake County High School (formerly South Leake High School) has been identified as "In Need of Improvement"-Year 2 for failing to meet growth in language arts and mathematics. As a result of your child being enrolled in a school identified as "In Need of Improvement", Leake County School District must offer "School Choice". This option allows you to have your child transferred to another school in the district that is not identified as "In Need of Improvement".

Leake County School District is currently under litigation with the Department of Justice. In an effort to maintain compliance with No Child Left Behind (NCLB), the district must petition the Department of Justice to allow "School Choice". In order to submit the petition, the district must provide the Department of Justice with the number of students interested in "School Choice".

If you are interested in the "School Choice" option, please complete the attached form and return it by **Monday, November 7, 2011**. The other high school in the district not "In Need of Improvement" is Leake Central High School. Please return the attached form to Leake County High School or submit it to the Leake County District Office located at 123 Main Street, Carthage, MS 39051 or fax it to 601.267.5283. A **separate form** must be filled out for each child. For additional information, please contact Yvette Young, Assistant Superintendent, at 601.267.4579.

If you **do not** transfer your child to another school, your child may be eligible to receive free tutoring or supplemental educational services at Leake County High School. These services are offered by state approved providers and the services are provided outside of the regular school day. Supplemental educational services will only be provided during the second semester.

Leake County School District will continue to work diligently to ensure that all students in all schools meet the state's academic goals in 2011-12. A rigorous school improvement plan is being implemented and teachers are being provided high quality training.

Parents are critical to their child's success. NCLB acknowledges and details the responsibility of parents becoming active members of the school community. Parents may participate in the development of the school's improvement plan to raise student achievement. It is evident that

parents play a vital role in raising student achievement. You can become more involved in your child's education at Leake County High School by:

- Participating in parental involvement activities designed to assist in increasing your child's achievement level.
- Becoming well informed about what is going on in your child's school by reading monthly school newsletters.
- Becoming involved with the PTA/PTO.
- Becoming a parent volunteer at the school.
- Communicating with your child's teacher about other ways you can help in the classroom and at home.

To find out about ways you may get involved with Leake County High School, please contact Timothy Chambers, Principal, at (601) 253.2393 or email tchambers@leakesd.k12.ms.us.

Yours in Education,

Y√ette Young

Leake County High School

Public School Choice Request for Transfer

Parent/Guardian: Please complete the section below and return to Leake County School District Office, Attn: Yvette Young, School Choice, P.O. Box 478, Carthage, Mississippi, 39051 no later than Monday, November 7, 2011 or bring to the Superintendent's Office at 123 Main Street, Carthage, MS 39051 or fax to 601.267.5283. A separate form must be filled out for each child.

I have read the Notice of Adequate Yea child be transferred to:	···, ····g/ ee_ and · abiio ee		ing that my
			(first choice,
			(second choice)
Parent/Guardian Signature:		Date:	
Name of Student:			
Student's Address:			
Phone Number (home):			
Grade Level for 2011-12: THIS FORM IS TO BE RETURNED ONLY IF YOU WISH TO SCHOOL, YOU ARE NOT REQUIRED TO RETURN THIS I	TO TRANSFER SCHOOLS IF YOU D		LEAKE COUNTY HIGH
THIS FORM IS TO BE RETURNED ONLY IF YOU WISH TO SCHOOL, YOU ARE NOT REQUIRED TO RETURN THIS IN If YOU are the parent of an exceptional Young at 601-267-4579 for the available (Educational records are confidential are	TO TRANSFER SCHOOLS. IF YOU DE FORM. child or a child with limi ble public school choices	o NOT WISH TO TRANSFER FROM ted English proficiency, pl that best meet the need	ense rall Vuette
THIS FORM IS TO BE RETURNED ONLY IF YOU WISH TO SCHOOL, YOU ARE NOT REQUIRED TO RETURN THIS I If you are the parent of an exceptional Young at 601-267-4579 for the availal (Educational records are confidential ar Office Use Only	го ткамѕ FER SCHOOLS. IF YOU DI FORM. child or a child with limi ble public school choices nd disclosed on a need to	o NOT WISH TO TRANSFER FROM ted English proficiency, pl that best meet the need know basis.)	ease call Yvette Is or your child.
THIS FORM IS TO BE RETURNED ONLY IF YOU WISH TO SCHOOL, YOU ARE NOT REQUIRED TO RETURN THIS I If You are the parent of an exceptional Young at 601-267-4579 for the available (Educational records are confidential ar Office Use Only Student ID#	то ткамѕбек scнools. If you be form. child or a child with limi ble public school choices nd disclosed on a need to	ted English proficiency, pleated English proficiency, pleated the need that best meet the need know basis.) Date received:	ease call Yvette Is or your child.
THIS FORM IS TO BE RETURNED ONLY IF YOU WISH TO SCHOOL, YOU ARE NOT REQUIRED TO RETURN THIS IN If you are the parent of an exceptional Young at 601-267-4579 for the available (Educational records are confidential ar Office Use Only Student ID#	TO TRANSFER SCHOOLS. IF YOU DO FORM. child or a child with limi ble public school choices and disclosed on a need to Approved	ted English proficiency, pleated English proficiency, pleated the need know basis.) Date received: Disapproved	ease call Yvette Is or your child.
THIS FORM IS TO BE RETURNED ONLY IF YOU WISH TO SCHOOL, YOU ARE NOT REQUIRED TO RETURN THIS IN If You are the parent of an exceptional Young at 601-267-4579 for the available (Educational records are confidential and Office Use Only Student ID#	TO TRANSFER SCHOOLS. IF YOU DEFORM. child or a child with limith ble public school choices and disclosed on a need to ApprovedApproved	ted English proficiency, ple that best meet the need know basis.) Date received:DisapprovedDisapproved	ease call Yvette Is or your child.