\*Please fill out the information below and email or fax:

sarah.coffin@stjohns.k12.fl.us 904-547-7544

Student’s Last Name:

Student’s First and middle name:

Parent Name (Last, First):

Parent email address:

Student’s DOB:

Male/Female:

Student’s grade level for 2018/2019:

Residence County:

Enter your child’s **zoned school** for 2018-2019. (If you are unsure of your zoned school, please contact your present school or School Services):

Enter your **requested** School:

Enter your child’s current school:

Current Mailing Address:

City, Zip:

Phone Number:

Individualized Education Plan (IEP) Y/N:

504 plan Y/N:

Reason for the McKay Scholarship Request:

\*\*\*If you reside in a district other than St Johns County please attach the IEP or 504 plan. Or you can fax it to us at (904)547-7544