

ST. JOHNS COUNTY SCHOOL DISTRICT  
**CONTROLLED OPEN ENROLLMENT (COE) TRANSFER APPLICATION**  
**2023-2024 SCHOOL YEAR (Window 1)**

ALL FIELDS MUST BE COMPLETED FOR CONSIDERATION.

**APPLICATION DEADLINE November 24, 2023**

A separate application is required for each student and each available school of choice, if applying for more than one school. Please note that this application is for Controlled Open Enrollment applicants only; it is not intended for Academy or Program of Study requests, or for Gifted or ESE Special Program transfer requests, or hardship requests.

This application is for (Check only one box)

<input type="checkbox"/> Crookshank Elementary School	<input type="checkbox"/> Hartly Elementary School	<input type="checkbox"/> Webster Elementary School
<input type="checkbox"/> Murray Middle School	<input type="checkbox"/> Sebastian Middle School	<input type="checkbox"/> PVPV Rawlings Elementary School

Primary Parents/Legal Guardian Names \_\_\_\_\_

E-Mail Address \_\_\_\_\_ @ \_\_\_\_\_

Telephone Numbers (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Residence Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Residence County \_\_\_\_\_

Student's Name \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ Sex \_\_\_\_\_ Grade in **2023-24** \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Zoned School **2023-24** \_\_\_\_\_ Current School **2023-24** \_\_\_\_\_

What is the student's six-digit St. Johns County Schools ID number? (Enter N/A if not available) \_\_\_\_\_

**Sibling Preference**

Although a separate application is required for each student, for the purpose of sibling preference in the lottery process, please complete the section below.

Please list below any of your students that are currently enrolled at this school as a COE student.

Sibling Last Name \_\_\_\_\_ Sibling First Name \_\_\_\_\_ DOB \_\_\_\_\_ Current Grade \_\_\_\_\_

Sibling Last Name \_\_\_\_\_ Sibling First Name \_\_\_\_\_ DOB \_\_\_\_\_ Current Grade \_\_\_\_\_

Sibling Last Name \_\_\_\_\_ Sibling First Name \_\_\_\_\_ DOB \_\_\_\_\_ Current Grade \_\_\_\_\_

Please list below any other siblings applying for this same COE school.

Sibling Last Name \_\_\_\_\_ Sibling First Name \_\_\_\_\_ DOB \_\_\_\_\_ Current Grade \_\_\_\_\_

Sibling Last Name \_\_\_\_\_ Sibling First Name \_\_\_\_\_ DOB \_\_\_\_\_ Current Grade \_\_\_\_\_

Sibling Last Name \_\_\_\_\_ Sibling First Name \_\_\_\_\_ DOB \_\_\_\_\_ Current Grade \_\_\_\_\_

So that we may ensure that the appropriate services are available for your child, please answer the following questions below. Your answers will not negatively impact your child's application:

Is your child currently staffed in an Exceptional Education Program? \_\_\_\_ Yes \_\_\_\_ No (If no, you can continue to Page Two)

Do they have an IEP? \_\_\_\_ Yes \_\_\_\_ No / Active / Inactive (circle one)

Do they have an EP for gifted services? \_\_\_\_ Yes \_\_\_\_ No / Active/Inactive (circle one)

Please select the name(s) of the Exceptional Education Program (ESE):

Check all that apply.

- ☐ Autism Spectrum Disorder
- ☐ Deaf or Hard of Hearing
- ☐ Developmentally Delayed
- ☐ Dual-Sensory Impaired
- ☐ Emotional or Behavioral Disability
- ☐ Intellectual Disability
- ☐ Language Impaired
- ☐ Occupational Therapy
- ☐ Orthopedically Impaired
- ☐ Other Health Impaired
- ☐ Physical Therapy
- ☐ Specific Learning Disabled
- ☐ Speech Impaired
- ☐ Traumatic Brain Injured
- ☐ Visually Impaired

Is this child a dependent of active-duty military personnel whose move resulted from military orders?

- ☐ No
- ☐ Yes. For your application to be considered for preference eligibility, please provide current military orders to the office of Guidance and Choice before the application deadline.

Has this child been relocated to a different school zone due to a foster care placement?

- ☐ No
- ☐ Yes. For your application to be considered for preference eligibility, please provide supporting documents (such as court order) to the office of Guidance and Choice before the application deadline.

Has this child been relocated because of a court-ordered change in custody due to a separation or divorce, or the serious illness or death of a custodial parent?

- ☐ No
- ☐ Yes. For your application to be considered for preference eligibility, please provide supporting documents to the office of Guidance and Choice before the application deadline.

**PARENT'S STATEMENT:** I have read the Controlled Open Enrollment Transfer requirements as stated on the attached information sheet, OR on the Guidance and Choice website at [www.stjohns.k12.fl.us/gpc](http://www.stjohns.k12.fl.us/gpc). I understand that if this application is selected during the COE application lottery and my student(s) is enrolled in the COE school of choice, then I must comply with the items listed below (please check all circles below to acknowledge):

- ☐ Yes, I am responsible for providing the transportation of my child to and from school. SJCSD bus services cannot be utilized, and a transfer may be revoked if there is an attempt to utilize SJCSD bus service.
- ☐ Yes, if any attendance, tardiness, or discipline issues occur during the school year the transfer may be revoked.
- ☐ Yes, I agree to abide by the policies of St. Johns County School District.
- ☐ Yes, I testify that all the information on this form is true and accurate. I am prepared to provide additional notarized documents if requested.
- ☐ Yes, I understand that failure to comply with these conditions, or falsification of any portion of the application will result in the denial or revocation of my request.

**I HAVE READ THE ABOVE POLICY AND AGREE TO ADHERE TO THE TRANSFER POLICY.**

I DO SOLEMNLY SWEAR (OR AFFIRM) THAT THE STATEMENTS ON THIS FORM ARE TRUE AND ACCURATE.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Completed form: MUST be received in the Guidance & Choice Department office by November 24, 2023**

**Mail or Fax to:  
Guidance and Choice Department  
40 Orange Street  
St. Augustine, FL 32084  
(Fax) 904/547-7683**