

ST. JOHNS COUNTY SCHOOL DISTRICT  
**CONTROLLED OPEN ENROLLMENT (COE) TRANSFER APPLICATION**  
**2025-2026 SCHOOL YEAR (Window 3)**

ALL FIELDS MUST BE COMPLETED FOR CONSIDERATION.

**APPLICATION DEADLINE May 15, 2025**

**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	<input type="checkbox"/>	Hartley Elementary	<input type="checkbox"/>	Hickory Creek	<input type="checkbox"/>	Ketterlinus Elementary
<input type="checkbox"/>	Ocean Palms Elementary	<input type="checkbox"/>	Osceola Elementary	<input type="checkbox"/>	PVPV/ Rawlings Elementary	<input type="checkbox"/>	Timberlin Creek
<input type="checkbox"/>	Webster Elementary	<input type="checkbox"/>	Landrum Middle	<input type="checkbox"/>	Murray Middle	<input type="checkbox"/>	Sebastian Middle

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)

Student's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_ Grade in **2024-25** \_\_\_\_

Zoned School **2024-25** \_\_\_\_\_ Current School **2024-25** \_\_\_\_\_

**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 or No (circle one) / Active or Inactive (circle one)**

**Do they have an EP for gifted services? Yes or No (circle one) / Active or 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
- ☐ Gifted
- ☐ 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 May 15, 2025**

**Mail or Fax to:**

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

**04/11/2025**