

**ST. JOHNS COUNTY SCHOOL DISTRICT  
 CONTROLLED OPEN ENROLLMENT (COE) TRANSFER APPLICATION  
 2026-2027 SCHOOL YEAR (Window 3)**



**ALL FIELDS MUST BE COMPLETED FOR CONSIDERATION.  
 APPLICATION DEADLINE *April 17, 2026***

A separate application is required if select more than three schools below. (Contact Guidance and Choice if you wish to apply to more than three schools.) Please note that this application is for Controlled Open Enrollment applicants only; it is not intended for Academy or Program of Study requests, Gifted or ESE Special Program transfer requests, Hardship requests and Change of address.

**This application is for (Select up to 3 schools) Use 1 as your first choice, 2 as your second choice and 3 as your third choice.**

Crookshank Elementary K-5	Cunningham Creek Elementary K-5	Freedom Crossing Academy K-8	Gamble Rogers Middle 6-8
Hartley Elementary K-5	Hickory Creek Elementary K-5	Julington Creek Elementary K-5	Ketterlinus Elementary K-5
Landrum Middle 6-8	Murray Middle 6-8	Otis A. Mason Elementary K-5	Ocean Palms Elementary K-5
Osceola Elementary K-5	Palencia Elementary K-5	Pine Island Academy K-8	PVPV/Rawlins Elementary K-5
Sabal Crest Academy K-8	Sebastian Middle 6-8	South Woods Elementary K-5	Timberlin Creek Elementary K-5
Wards Creek Elementary K-5	Webster Elementary K-5		

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

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

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

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

Student Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Student Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_ Grade in 2026-27SY \_\_\_\_\_

Zoned School 2026-27SY \_\_\_\_\_ Current School 2025-26SY \_\_\_\_\_

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 Name (Last, First) \_\_\_\_\_ DOB \_\_\_\_\_ Current Grade \_\_\_\_\_

Sibling Name (Last, First) \_\_\_\_\_ DOB \_\_\_\_\_ Current Grade \_\_\_\_\_

Sibling Name (Last, First) \_\_\_\_\_ DOB \_\_\_\_\_ Current Grade \_\_\_\_\_

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

Sibling Name (Last, First) \_\_\_\_\_ DOB \_\_\_\_\_ Current Grade \_\_\_\_\_

Sibling Name (Last, First) \_\_\_\_\_ DOB \_\_\_\_\_ Current Grade \_\_\_\_\_

Sibling Name (Last, First) \_\_\_\_\_ 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.

**Please share how you learned about Controlled Open Enrollment (COE)? (Select all that apply) \***

- A. Community event     B. Received mail advertisement at my home     C. School publication (Newsletter, social media, video, etc.)  
 D. Website (District or school)     E. Word-of-mouth

**PARENT'S STATEMENT:** I have read the Controlled Open Enrollment Transfer requirements as stated on the Guidance and Choice website at <https://www.stjohns.k12.fl.us/coe/> I understand that if my child's application is selected during the lottery period and I enroll at the selected COE school of choice:

- I understand that I must provide transportation for my child to and from school. District bus services are not available under COE, and attempting to use SJCS D transportation could result in the awarded seat being revoked.
- I understand that if excessive tardies/absences accrue or if discipline issues arise, the COE seat may be revoked.
- I agree to abide by the policies of the St. Johns County School District.
- I testify that all of the information on this form is true and accurate. I am prepared to provide additional notarized documents if requested.
- 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 **April 17, 2026**

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