**ST. JOHNS COUNTY SCHOOL DISTRICT**
**CONTROLLED OPEN ENROLLMENT (COE) TRANSFER APPLICATION**
**2026-2027 SCHOOL YEAR (Window 1)**

**ALL FIELDS MUST BE COMPLETED FOR CONSIDERATION.**
**APPLICATION DEADLINE *November 13, 2026***

**A separate application is required if you select more than three schools below**. (*Contact School Counseling, Choice, and Enrollment if you wish to apply to more than three schools.*) This application is for Controlled Open Enrollment applicants only and cannot be used for Academy/Programs of Interest requests, Gifted, ESE Special Program transfer requests, Hardship requests or Change of address.

Point-of-Contact Parent/Legal Guardian Name _____

E-Mail Address_____ Telephone Number (H/C/W) _____

Residential Address _____

City_____ Zip Code _____ County of Residence _____

Student Name (Last)_____ (First)_____ (Middle)_____

Student Date of Birth _____/_____/_____ Sex _____ 26-27 SY Grade level _____

26-27 SY Zoned School _____ Student's Current School _____

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

**Select up to three (3) available Controlled Open Enrollment schools.**
**ONLY ONE CHOICE IS REQUIRED.** Use (1) as your first choice, (2) as your second choice and (3) as your third choice.

_____ Hartley Elementary _____ Ketterlinus Elementary _____Osceola Elementary

_____ Wards Creek Elementary _____ Webster Elementary

## Sibling Preference

**A separate application is required for each applicant. This section is for the sole purpose of sibling preference during the lottery process.**

**Please list below any siblings that are currently enrolled at the above selected COE school(s).**

Sibling Name (Last, First) _____ DOB _____ Current Grade _____
Sibling currently attends which of the above selected schools?_____

Sibling Name (Last, First) _____ DOB _____ Current Grade _____
Sibling currently attends which of the above selected schools?_____

Sibling Name (Last, First) _____ DOB _____ Current Grade _____
Sibling currently attends which of the above selected schools?_____

**Please list below any other siblings applying for the same COE school(s). This section is for lottery purposes only and is not a substitute for an application.**

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. <u>Your answers will not negatively impact your child's application:</u>**

**Does the applicant have an Individualized Education Plan (IEP)?** Yes or No (circle one) | Active or Inactive (circle one)

**Does the applicant have an Educational Plan (EP) for gifted services?** Yes or No (circle one) | Active or Inactive (circle one)

**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 School Counseling, Choice, and Enrollment 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 School Counseling, Choice, and Enrollment 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 School Counseling, Choice, and Enrollment before the application deadline.

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

☐ A. Community event ☐ B. District communication ☐ C. School communication

☐ D. Word-of-mouth ☐ E. Other

**PARENT'S STATEMENT:** I have read the Controlled Open Enrollment (COE) transfer requirements as stated on the School Counseling, Choice, and Enrollment 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 must provide transportation for my child to and from school. District bus services are not available under COE, and attempting to use SJCSD transportation could result in the awarded seat being revoked.
- I understand that my child's seat can be revoked if excessive tardies/absences accrue or if discipline issues arise.
- I will abide by the policies of the St. Johns County School District and the Student Code of Conduct.

*Failure to comply with these conditions, or falsification of any portion of the application will result in the denial or revocation of your request.

**I HAVE READ THE ABOVE POLICY AND AGREE TO ADHERE TO THE TRANSFER POLICY.**
**THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE AND ACCURATE.**

PARENT/GUARDIAN SIGNATURE_____ DATE _____

Completed form: MUST be received in the School Counseling, Choice, and Enrollment Department office by November 13, 2026

Mail to:
School Counseling, Choice, and Enrollment Department
40 Orange Street, St. Augustine, FL 32084