\*Please fill out the information below and email it to [sarah.coffin@stjohns.k12.fl.us](mailto:sarah.coffin@stjohns.k12.fl.us) .

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 2017/2018:

Residence County:

Enter your child’s zoned school for 2017-2018. (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:

Phone Number:

Name of the Exceptional Educational Program:

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