

**Baker County Public Schools
Controlled Open Enrollment
Student Application for Admission**

Received at School Site
Date _____
Time _____
By _____

The use of this form is restricted to out-of-zone or school choice students applying for admission to a Baker County school. Compliance with all established policies, regulations, and a statement of reasons are prerequisite to consideration for approval.

The parent or guardian shall:

1. Provide ALL information indicated on this application. Any omission will result in the delay of a decision and may result in denial of the application.
2. If not a current student in the Baker County School District, attach a certified transcript for the student requesting admission. Each transcript should be current and include attendance history, grades, credits, discipline records, test scores, and DJJ information, if applicable. **Failure to disclose all requested information will result in disapproval of admission to this district.**
3. If out-of-county, attach to this application a letter from the school district in the county of residence that includes a statement that your child is not subject to current expulsion or suspension.
4. Sign the application acknowledging that the information provided is accurate.
5. Submit completed forms to the Principal of the school you are making application to attend by the close of the COE window.

PLEASE PRINT (or type)

1. Student's Name: _____ Age: ____ Grade Entering: _____
2. Parent/Guardian Name: _____ Phone: _____
3. Mailing Address: _____ City: _____ St _____ Zip _____
4. Zoned School (based on residence address): _____
5. Current or Last School Attended: _____
6. Does your child have an IEP or Section 504 Plan? ____ No ____ IEP ____ Section 504 Plan
7. Place a check mark next to the Baker County School(s) to which admission is requested. **If applying for admission at more than one elementary school, please number the schools in order of preference.**

____ PreK/Kindergarten Center ____ Legacy Elementary ____ Baker County High
____ Macclenny Elementary ____ Baker County Middle
____ Westside Elementary ____ Baker County Virtual

8. Reason for Request : _____

9. Are you claiming preferential treatment? If yes, please check all applicable criteria below.

- Student has sibling(s) already attending the requested school
- Active duty military personnel move due to orders
- Relocated due to foster care
- Court-ordered change in custody or serious illness/death of custodial parent
- Students residing in district requesting School Choice
- Student previously approved as an out-of-county or out-of-zone student
- Out-of-county student who has sibling(s) already attending school in the district

10. Are you claiming hardship preferential treatment? If yes, please check applicable criteria below.

- Parent/guardian is an employee of the Baker County School District
- Parent/guardian lives out of county but is employed in Baker County
- Student previously lived in Baker County but residence changed to out of county

If you have children currently enrolled in the Baker County School System or if you are applying for Controlled Open Enrollment for other children in the family, please complete the following:

First Name	Last Name	Current School	Current Grade

I do hereby acknowledge that the submitted information is accurate to the best of my knowledge.

Signature of Parent or Guardian

Date

If approved for Controlled Open Enrollment, I understand the following guidelines apply to the acceptance and continued enrollment of my child into the Baker County School District.

- Transportation from the student’s home address to the approved school will **NOT** be provided by the Baker County School District. Parents/guardians must make arrangements for transportation, or students may utilize the school bus if being picked up/dropped off at an address that is located in the school’s zone (for example: daycare, a family member’s home, etc.).
- The student must be in attendance at the approved school by the tenth day of the new school year. If not in attendance by the tenth day, the Controlled Open Enrollment approval will be revoked.
- The student must follow all rules and procedures applicable to in-county/in-zone students, including the Student Code of Conduct.
- The student will be required to remain in good standing as determined by academics, attendance, and behavior/discipline records. If not, the Controlled Open Enrollment approval may be revoked.

Signature of Parent or Guardian

Date

Approval by School Principal requires review of eligibility criteria and is dependent upon availability of capacity.

On the basis of this application and other relevant information, this request for admission to

_____ School for the _____ school year is

Approved Denied _____, School Principal Date: _____

Approved Denied _____, Director Date: _____