

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

The use of this form is restricted to OUT-OF-ZONE 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. Notice of approval or disapproval will be mailed to the applicant.

The parent or guardian shall:

1. Provide ALL information indicated on this application. Any omission will result in delaying a decision and may result in disapproval of the application.
2. 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. Attach to this application a letter from the school district in the county of residence that includes 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 School Principal of the school you are making application to attend for review.
6. Submit this completed application (with Principal's signature) to the Baker County Superintendent's Office located at 270 South Boulevard East, Macclenny, Florida 32063.

PLEASE PRINT (or type)

1. Student's Name: _____ Age: _____ Grade: _____
2. Parent/Guardian Name: _____ Phone: _____
3. **Mailing** Address: _____ City: _____ Zip: _____
4. Current/Last School Attended in County of Residence: _____
5. Baker County Schools to which admission is requested: _____
6. Reason for Request (use back if necessary): _____

7. Are you claiming any preferential treatment criteria? **If yes**, please check all criteria that apply.
 - 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
 - Students previously approved as an out-of-county
 - Out-of-County student family members of BCSD employees
 - Out-of-County student family members of employees working in Baker County
 - In-County students in good standing whose residence changed to out-of-county
 - BCSD students that have siblings in the chosen school or within the Baker County School District
(Please list siblings and school site on the back of this application)
8. I do hereby acknowledge that the information is accurate to the best of my knowledge and transportation must be provided by parent.

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 Disapproved _____, School Principal Date: _____

Approved Disapproved _____, Superintendent Date: _____

If you have children currently enrolled in the Baker County School System, please complete the following:

First Name	Last Name	School	Grade	Homeroom Teacher

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