# Suwannee County School District
## Controlled Open Enrollment Application

Student's Name:_____ DOB:_____ Grade Level:_____ Today's Date: _____

Current School District:_____ Current School:_____ School's Phone # _____

Parent/Guardian Name:_____ Phone# _____

Home Mailing Address:_____ City:_____ Zip: _____

**School Choice Options – Please circle preference(s).**

Please select two schools. If your first choice is unavailable, you will automatically be considered for your second choice. If neither of your choice requests are approved, you will remain at your home-zoned school. You will receive written notification of your application status.

**1st Choice:** SHS BHS SMS BES SSE SRE SPE **2nd Choice:** SHS BHS SMS BES SSE SRE SPE

**Special Considerations – Check all that apply.**

- ☐ Student is a dependent child of active military personnel whose move resulted from military orders.
- ☐ Student is in foster careplacement and as a result has been relocated in a different school zone.
- ☐ Student is in court-ordered custody placement due to parental separation or divorce, or serious illness or death of parent or guardian.
- ☐ Student's brother(s)/sister(s) is/are ***currently enrolled*** in a Suwannee County school.

List name(s) of ***currently enrolled*** sibling(s) and their school(s):

| Sibling's Name | School |
|---|---|
| | |
| | |
| | |

- ☐ Student has brother(s)/sister(s) ***applying*** to attend the same choice school(s) requested above.

List names of siblings ***applying*** to attend the **same** school(s) requested above: _____

**Hardship**

- ☐ Student's family member is an employee of the Suwannee County School District. Employee's Name: _____
  Relationship to Student: _____
- ☐ Student is currently enrolled in a Suwannee County school as a resident of Suwannee County but has moved to an out-of-county residence and wishes to continue attending a Suwannee County school.
- ☐ Other extenuating circumstances. Briefly explain: _____

_____

**Acknowledgment– I have read, understand, and agree to the following:**

1. I have been provided a copy of the "Suwannee County School District Controlled Open Enrollment Plan".
2. I understand that a separate controlled open enrollment application must be submitted for each student.
3. I understand that the parent/guardian is responsible for providing transportation, and out-of-county students may ride Suwannee County school buses under the following conditions:
   a) the student boards the bus at an established, approved bus stop; and b) the bus has available seats.
4. I understand that, if approved, the above-named applicant may remain at the approved school until he/she completes the highest grade level at that school. The student will be required to re-apply during controlled open enrollment when he/she transitions to a new school in the district grades 5-6 and/or 8-9 (Live Oak only). Approval is not guaranteed.
5. I understand that once enrolled, the student's attendance may be revoked during the school year due to poor attendance, lack of academic progress, discipline issues, and/or failure of student/parent to comply with District policies.

| Signature of Parent/Guardian | Signature of Superintendent/Designee | Date of School Board Approval |
|---|---|---|

Office Use only:_____Approved_____Denied Date:_____