

2019-2020 CONTROLLED OPEN ENROLLMENT APPLICATION

All Controlled Open Enrollment Transfer Request Applications, and decisions related to them, are subject to the School District of DeSoto County's policies and guidelines governing student transfers/reassignments. **STUDENTS WILL NOT BE PERMITTED TO CHANGE SCHOOLS UNTIL AN APPROVAL LETTER HAS BEEN RECEIVED AFTER REVIEW OF SCHOOL CAPACITY.**

PROCEDURES FOR PARENTS OR GUARDIANS:

- Please complete this application in its entirety (attach supporting documentation if applicable).
- If your child attends a school based on a previously approved Controlled Open Enrollment Form, you need not complete an additional form if your child has maintained enrollment in that school.
- **Return the completed** application to the Director of Exceptional Education and Student Services Office located at 494 North Manatee Avenue, Arcadia, FL 34266. Application Deadline: May 31, 2019.

PARENTS/GUARDIANS: PLEASE PROVIDE THE FOLLOWING INFORMATION

Application Deadline: May 31, 2019

Student's Legal Name: Last/First/Middle		Birth Date	Student's Social Security Number	Present Grade Level	Present School
Legal Residence Address (No P.O. Box)		City	ZIP Code	Mailing Address (If Different)	
Mother's/Guardian's Name		Home Phone	Work Phone	Student Lives With Mother: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Father's/Guardian's Name		Home Phone	Work Phone	Student Lives With Father: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please check if any of the following special programs apply to this student: <input type="checkbox"/> ESE <input type="checkbox"/> Section 504 <input type="checkbox"/> ELL <input type="checkbox"/> Other: _____			Please check ethnicity of this student: <input type="checkbox"/> White <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> American Indian		
School assigned based on current place of residence:	Current School (2018-2019)		School of Choice Requested: 1 st Choice: _____ 2 nd Choice: _____		
Please check all that apply:					
<input type="checkbox"/> This child is a dependent of active duty military personnel whose move resulted from military orders (in order for your application to be considered for preference eligibility, please provide current military orders when this application is submitted).					
<input type="checkbox"/> This child has been relocated to a different school zone due to a foster care placement.					
<input type="checkbox"/> This child has 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 (in order for your application to be considered for preference eligibility, please provide supporting documents when this application is submitted).					
Parent's /Guardian's Signature: _____ Date: _____					

FOR EXCEPTIONAL STUDENT EDUCATION / STUDENT SERVICES USE ONLY

It is our recommendation that this Controlled Open Enrollment Application be:

- Approved Not Approved

Superintendent of Schools (or Designee): _____ **Date:** _____

On the basis of district guidelines, and the information on this application, the School Board of DeSoto County assigns the applying student to:

- West Elementary School Memorial Elementary School Nocatee Elementary School

Parent Contact: _____ **Date:** _____

Action Taken: _____ **Date:** _____