



NON - RESIDENT 105_105c SCHOOLS OF CHOICE
APPLICATION - 2024-2025 SCHOOL YEAR

Parent/Guardian Request to Enroll Child in a School of Choice:

All applications must be completed and returned to the St. Johns Public Schools District Office by Friday, August 2, 2024, at 4:00 p.m. Failure to meet this deadline will result in denial of request.

I. Student Information

Last Name First Name Middle Initial School District of Residence

Street Address City State Zip Code

GENDER: ___ Male ___ Female DATE OF BIRTH: (Month/Day/Year)

SIBLING(S) INFORMATION:

List the full name(s) of sibling(s) currently enrolled in the Schools of Choice program:

1. 2.

List the full name(s) of sibling(s) submitting an application to the Schools of Choice program (a separate application must be submitted for each child):

1. 2.

Total number of applications submitted today:

PARENT/GUARDIAN INFORMATION:

Last Name First Name Middle Initial

Street Address City State Zip Code

Cell Phone Alternate Phone Email Address

FOR SJPS OFFICE USE ONLY
Grade: Application Approved:
Choice Building: Date Enr Forms Received:
Lottery Draw#: Building Notified:

II. School of Choice Request for Next Year – 2024-2025

St. Johns Public Schools will have **limited** school of choice openings in grades kindergarten through 5th grade and **unlimited** openings for 6th grade only for the 2024-2025 school year.

List Name of requested SCHOOL BUILDING for Student - 2024-2025

Grade

PLEASE STATE REASONS FOR MAKING THIS CHOICE:

“I have read and agree to the terms of the St. Johns Public Schools Nonresident Schools of Choice Program. All information I have provided in this application is true and correct. I understand that providing any false information on this application may be sufficient grounds for denial.”

Parent/Guardian Signature

Date

III. 2023-2024 – Current School/Enrollment Information

School District Student Attended in 2023-2024

School Building Student was Enrolled in for 2023-2024

Grade in 2023-2024

High School Students ONLY - # of Credits Earned to Date

Did student have an IEP in place in 2023-2024? _____ Yes _____ No

WITHIN THE LAST TWO YEARS:

Has Student Been Suspended? ___ Yes ___ No

(If Yes, Provide Date): _____ Reason: _____

Has Student Been Expelled? ___ Yes ___ No

(If Yes, Provide Date): _____ Reason: _____

Has Student Withdrawn from School? ___ Yes ___ No

(If Yes, Provide Date): _____ Reason: _____

Has Student Been Convicted of a Felony? ___ Yes ___ No

(If Yes, Provide Date): _____ Reason: _____

“I hereby authorize my resident school district to send my child’s student records and transcripts, including behavior reports, Special Education, 504 or other specialized programs, pursuant to this application to the district to which I am applying as a Nonresident School of Choice for 2024-2025.”

Parent/Guardian Signature

Date