

**CALHOUN COUNTY SCHOOL DISTRICT
ANNUAL OPEN ENROLLMENT/SCHOOL CHOICE APPLICATION FOR 2024-2025**

PLEASE PRINT LEGIBLY—COMPLETE THE ENTIRE FORM AND RETURN TO THE SUPERINTENDENT’S OFFICE BY
US MAIL (20859 Central Ave E, Room G-20; Blountstown, FL 32424),
FAX (850-674-5814) OR
Email (open.enrollment@calhounflschools.org) or
In person at the Superintendent’s Office

Name of Student _____

Grade Requested _____ School Requested _____

County of Residence _____

Name of the School your child would attend in County of Residence _____

Sex _____ Race/Ethnicity _____

Is your child currently staffed in an Exceptional Education Program? ___ No ___ Yes

Does your child plan to participate in High School Athletics? ___ No ___ Yes

Print Name of
Parent/Guardian _____

Signature of
Parent/Guardian _____ Date _____

Physical
Address _____

Mailing Address, if
different _____

City _____ State _____ Zip _____

Telephone# _____ Email _____

**APPLICATIONS WILL BE PROCESSED IN THE ORDER IN WHICH THEY ARE RECEIVED. A LOTTERY
WILL BE INSTITUTED IF A SCHOOL NEARS 90% CAPACITY BASED ON STUDENT REQUESTS.**

No person shall, on the basis of race, color, religion, gender, age, marital status, sexual orientation, disability, political or religious beliefs, national or ethnic origin, or genetic information, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity, or in any employment conditions or practice conducted by this School District, except as provided by law. The district also provides equal access to its facilities to the Boy Scouts and other patriotic youth groups, as required by the Boy Scout of America Equal Access Act.

Student Name _____

REQUIRED BY FLORIDA STATUTE SB7026 & SB7030

Has your child ever been expelled or suspended from school? YES NO If yes, Reason;

Where; When _____

Has your child ever been arrested? YES NO

If yes, Reason; Where; When _____

Has your child ever been a client of Juvenile Justice? YES NO

If yes, Explain _____

Has your child ever been referred for mental health services? YES NO

If yes, Explain _____

Has your child been referred for mental health services as the result of an expulsion, arrests resulting in a charge, or juvenile justice actions?
 YES NO

If yes, Explain _____

CALHOUN COUNTY STUDENT OPEN ENROLLMENT CONTRACT

Complete a Contract for each student requesting reassignment

I request my child, _____, to attend a School of Choice in Calhoun County during the 2024-2025 school year rather than the school in their residential attendance zone. By signing this contract my child and I agree to abide by conditions of the contract. It is clearly understood that the student will be withdrawn from the assigned school and assigned to their home school if ANY of the following conditions and responsibilities are violated as determined by the administration of the out-of-zone school.

A. REGULAR CLASS ATTENDANCE

The student agrees to adhere to the district attendance and tardy policy.

B. MAINTENANCE OF PASSING GRADES

Middle and High School students must have and maintain a minimum 2.5 cumulative grade point average. Elementary School must maintain passing grades.

C. CLASSROOM, SCHOOL AND DISTRICT RULES AND POLICIES

The student agrees to follow all classroom, school and district rules and policies and understands that they may have no more than 2 office referrals and no suspensions or expulsions.

D. TRANSPORTATION

Parents are responsible for transporting their children to the school of choice if regular transportation is not available and they live outside the residential attendance zone. Parents/guardian must not drop-off students at school before 7:00 a.m. Students must be picked up within 15 minutes of the last student bell.

Student Signature

Date

Parent/Guardian Signature

Date

OFFICIAL USE ONLY

Transfer request approved

Notes: _____

Transfer request NOT approved

Notes: _____

Review Committee Chair Signature

Date