

**CALHOUN COUNTY SCHOOL DISTRICT**  
**ANNUAL OPEN ENROLLMENT/SCHOOL CHOICE APPLICATION FOR 2018-2019**

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](mailto: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

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 Boys Scout of America Equal Access Act.*

# 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 2018-2019 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 It is clearly understood that the student will be withdrawn from the assigned school and assigned to their home school if ANY of the following conditions and responsibilities are violated as determined by the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