

**NASSAU COUNTY SCHOOL DISTRICT  
CONTROLLED OPEN ENROLLMENT PLAN TRANSFER APPLICATION  
2020-2021 SCHOOL YEAR**

ALL FIELDS MUST BE COMPLETED FOR CONSIDERATION.  
**APPLICATION DEADLINE February 26, 2020**

A separate application is required for each available school of choice (multiple students in your household applying for the same school should be on the same application). Please note that this application is for Controlled Open Enrollment applicants only.

This application is for: (Check only one box)

Bryceville Elementary School

Callahan Intermediate School

Hilliard Elementary School

Primary Parents/Legal Guardian Names \_\_\_\_\_

Residence Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Residence County \_\_\_\_\_ Number of Students You want to include on this Application \_\_\_\_\_

Telephone Numbers (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

E-mail Address \_\_\_\_\_

**FIRST CHILD**

Student's Name \_\_\_\_\_ Sex \_\_\_\_\_ Grade in 2020-2021 \_\_\_\_\_  
(Last) (First) (Middle)

Student's Date of Birth \_\_\_\_\_ Ethnicity Hispanic/Latino Non-Hispanic/Latino

Race: White Black/African American Native Hawaiian/ Other Pacific Islander Asian American Indian/ Alaska Native

Zoned School 2020-2021 \_\_\_\_\_ Current School 2019-2020 \_\_\_\_\_

Is your student currently staffed in an Exceptional Education Program? No Yes, Program \_\_\_\_\_

**SECOND CHILD** (if you have more than one child you are applying for at school selected above)

Student's Name \_\_\_\_\_ Sex \_\_\_\_\_ Grade in 2020-2021 \_\_\_\_\_  
(Last) (First) (Middle)

Student's Date of Birth \_\_\_\_\_ Ethnicity Hispanic/Latino Non-Hispanic/Latino

Race: White Black/African American Native Hawaiian/ Other Pacific Islander Asian American Indian/ Alaska Native

Zoned School 2020-2021 \_\_\_\_\_ Current School 2019-2020 \_\_\_\_\_

Is your student currently staffed in an Exceptional Education Program? No Yes, Program \_\_\_\_\_

**THIRD CHILD** (if you have more than one child you are applying for the school selected on the previous page)

Student's Name \_\_\_\_\_ Sex \_\_\_\_\_ Grade in 2020-2021 \_\_\_\_\_  
(Last) (First) (Middle)

Student's Date of Birth \_\_\_\_\_ Ethnicity \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ Non-Hispanic/Latino \_\_\_\_\_

Race: White Black/African American Native Hawaiian/ Other Pacific Islander Asian American Indian/ Alaska Native

Zoned School 2020-2021 \_\_\_\_\_ Current School 2019-2020 \_\_\_\_\_

Is your student currently staffed in an Exceptional Education Program? No Yes, Program \_\_\_\_\_

**FOURTH CHILD** (if you have more than one child you are applying for the school selected on the previous page)

Student's Name \_\_\_\_\_ Sex \_\_\_\_\_ Grade in 2020-2021 \_\_\_\_\_  
(Last) (First) (Middle)

Student's Date of Birth \_\_\_\_\_ Ethnicity \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ Non-Hispanic/Latino \_\_\_\_\_

Race: White Black/African American Native Hawaiian/ Other Pacific Islander Asian American Indian/ Alaska Native

Zoned School 2020-2021 \_\_\_\_\_ Current School 2019-2020 \_\_\_\_\_

Is your student currently staffed in an Exceptional Education Program? No Yes, Program \_\_\_\_\_

Are any of your children included in this application:

1. Dependent children of active duty military personnel whose move resulted from military orders?
2. Children who have been relocated due to foster care placement in a different school zone?
3. Children who move due to a court-ordered change in custody due to a separation or divorce, or a serious illness or death of a custodial parent?

No, none of my student(s) on this application meet the criteria listed in 1, 2, or 3 above.

Yes, If you replied "yes" to any of the above questions, please provide supporting documents to the Office of Curriculum, Instruction and School Improvement on or before February 23, 2018, in order for your application to be considered for preference eligibility.

**PARENT'S STATEMENT:** I have read the Controlled Open Enrollment Plan Transfer requirements as stated on the attached information sheet, OR on the website. I understand that if this application is selected during the Controlled Open Enrollment lottery and my student(s) is enrolled in the school of choice, I am responsible for providing the transportation of my child to and from school. NCSB bus services cannot be utilized and a transfer may be revoked if there is an attempt to utilize NCSB bus services. If any attendance, tardiness, or discipline issues occur during the school year the transfer may be revoked. I agree to abide by the policies of Nassau County School District. I testify that all of the information on this form is true and accurate. I am prepared to provide additional notarized documents, if requested. I understand that failure to comply with these conditions, or falsification of any portion of the application will result in the denial or revocation of my request.

**YES, I HAVE READ THE ABOVE POLICY AND AGREE TO ADHERE TO THE TRANSFER POLICY.**  
I DO SOLEMNLY SWEAR (OR AFFIRM) THAT THE STATEMENTS ON THIS FORM ARE TRUE AND ACCURATE.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Completed form MUST be received in the Office of Curriculum, Instruction and School Improvement by February 26, 2020

Mail to:  
Nassau County School District  
1201 Atlantic Avenue  
Fernandina Beach, FL 32034