

LAFAYETTE COUNTY SCHOOL DISTRICT
CONTROLLED OPEN ENROLLMENT APPLICATION
2024/2025

Parents must complete an application for school choice for the subsequent school year during the open enrollment period and have an application submitted by May 31st to facilitate timely decisions and notifications. Applications are accepted outside the open enrollment period, the key factor in granting or denying a request is the capacity of the school.

Please print legibly – complete the entire form, attach any required documents, and return to the Principal’s office of the school of application. Please indicate the school of application by marking an “X”.

_____ Lafayette Elementary School, 811 East Main Street, Mayo, Florida 32066,
or via fax (386)294-4320.

_____ Lafayette High School, 160 NE Hornet Drive, Mayo, Florida 32066
or via fax (386)294-4197

Today’s Date: _____

Grade requested: _____ School Year requested: _____ Student Date of Birth: _____

Student Name: _____ Sex: M ___ F ___ Ethnicity _____

Physical Address: _____

City/ State/ Zip Code: _____

Parent/Guardian Name: _____

Parent/Guardian Mailing Address (if different from above):

Home Phone _____ Work Phone _____ Cell Phone _____

School last attended: _____ Dates attended: _____

List all siblings of the above-named student that are attending school in Lafayette County School District:

Name: _____ GR: _____

Name: _____ GR: _____

Name: _____ GR: _____

Name: _____ GR: _____

Applications will be processed in the order in which they are received. A lottery will be instituted if a grade reaches 90% capacity based on student requests.

LCSD Controlled Open Enrollment Contract

All educational programs, activities, and opportunities offered by public educational institutions must be made available without discrimination on the basis of race, ethnicity, national origin, gender, disability, or status, in accordance with the provision of s.1000.05.

This contract between the Lafayette County School District and the student named on page one of this form is to provide an educational opportunity for the student who wished to transfer pursuant to s. 1002.31. It is clearly understood that the student will be withdrawn from the school and returned to the home school if ANY of the following conditions and responsibilities are violated as determined by the administration of the school.

A. Regular Class Attendance

The student agrees to attend class on time every day except when the absence is verified through a written excuse from the parent/guardian. School administration may require official third party documentation such as a doctor's note for excessive absenteeism and/or tardies.

B. Maintenance of Passing Grades

The student must maintain passing grades in order to remain in compliance.

C. Social Behavior

The student agrees to acceptable social behavior on campus and at school related activities and agrees to refrain from involvement with drugs, alcohol or tobacco.

D. Classroom, School and District Rules and Policies

The student agrees to follow all classroom, school, and district rules and policies and understands that a referral to the administration for a rule or policy violation may VOID this contract.

E. Transportation

Parents/Guardians are required to provide transportation to and from school.

Student Signature	Date	Parent Signature	Date

OFFICIAL USE ONLY

Transfer Request Approved _____

Notes:

Transfer Request Denied _____

Notes:

Principal Signature	Date