

**LAFAYETTE COUNTY SCHOOL DISTRICT**  
**CONTROLLED OPEN ENROLLMENT APPLICATION**  
**2025/2026**

Parents must complete an application for school choice for the subsequent school year and have it **submitted by May 31<sup>st</sup>** to facilitate timely decisions and notifications. Applications are accepted throughout the year. Safety of students and school capacity are key factors in determination of admission.

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 level has an opening and multiple students are on the waiting list requesting the same grade on the same date.

### **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 It is clearly understood that the student will be withdrawn from the school and returned to the home school if ANY of the following conditions and responsibilities are violated as determined by the administration of the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