

**HENDRY COUNTY SCHOOL DISTRICT (HCSD)
CONTROLLED OPEN ENROLLMENT (COE) APPLICATION**

Type of Request: ___ In-District (Intra) ___ Out-of-District (Inter)

Select Only One ___ Elementary ___ Middle School ___ High School

As of this time, the HCSD has no deadline for Controlled Open Enrollment.

Please read the application carefully. Incomplete applications will not be processed. TYPE or PRINT this form in blue or black ink only. One application per child may be submitted. Falsification of information could lead to ineligibility. Students applying for kindergarten must be 5 years old by September 1. Please return the completed application to: Clewiston Sub Office at 475 East Osceola Avenue Clewiston, FL 33440 or LaBelle District Office at 25 East Hickpochee Avenue LaBelle, FL 33935.

Student Name	Age	Date of Birth	Current Grade	Gender	Race
Name of Parent/Legal Guardian					
Home Address (street/apt. number, city, state, zip)					
Mailing Address (if different than above) (street/apt. number, city, state, zip)					
Home Phone No.		Cell Phone No.		Work Phone No.	
Does your child have an IEP or a 504 Plan?			_____Yes		_____No
Parent/Legal Guardian Email:					

School Year	
Current School Assignment (Name of School)	County
Reassignment Request (Name of School)	County

Priority Selection – Please select only if applicable.

___ **Siblings:** Priority will be granted to siblings. Siblings are defined as brother, sister, half-brother, half-sister, stepbrother, or stepsister, living in the same household. Name of one (1) sibling who is already attending the same choice school to which this applicant is applying.

Name of Sibling Attending _____ School _____

Birth Date _____ Grade _____

___ **Military:** Priority will be granted to dependent children of active military personnel whose move resulted from military orders. Please include the military orders along with this application.

___ **Special Circumstances:** Priority will be granted to children who move due to a court-ordered change in custody due to separation, divorce, or the serious illness or death of a custodial parent. Please include custody paperwork, parenting plan, signed court order or doctor/hospital note support documentation along with the COE application.

___ **District Employee:** Priority will be given to children whose parent is currently employed by the Hendry County School District.

Signature: I have read, understand and agree to the following:

1. I understand that only one (1) application may be submitted per student and no program selection changes will be allowed once the application is submitted.
2. I understand that students are obligated to accept the choice program they have indicated, if selected, or they must return to their zoned school.
3. I understand that completion of this application does not guarantee admission.
4. I understand that if my child is not elected this year, I must reapply next year.
5. I understand that my signature below verifies, that I declare, under penalties of perjury, pursuant to Florida Statute, Section 92.525, that I have read this application and the information stated in the application is true and correct.

I understand that if reassignment request is granted that I will accept responsibility for my student's transportation to and from school.

Signature of Parent or Legal Guardian

Date

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District Office Verification: Does this student have an IEP or a 504?

___ Yes – Approval must be granted by the Director of Exceptional Student Education and Student Services before Superintendent or Designee makes the final decision.

Director of ESE & Student Services

___ No – the student does not have an IEP or a 504.

Checked by: _____

Verified by: _____

To be completed by the Superintendent's Office

The above request is hereby approved on the condition that there will be no financial requirements placed on the Hendry County School District by such out-of-county or reassignment school attendance.

Dated the _____ day of _____, _____.

Superintendent or Designee
Hendry County School Board
LaBelle, Florida