Jefferson County School District Opportunity Scholarship Program Enrollment Request 2016-2017 APPLICATION FORM

PLEASE PRINT

Student Name					
FIRST			LAST		
Home address			FL		
	STREET	CITY	СПҮ		
Parent/Guardian Name					
FIRST		LAST			
Home Phone:	Cell #	\	Work#		
Current School		Grade (2015-2016)			
Home Language	E-ma	nail address			
Is your child in the Exceptional Student education (ESE) or 504 Program?			Yes	_ No	
Is your child in the English Language Learner (ELL) Program?			Yes	No	
SIGN AND RETURN THIS FORM BY AUGUST 9, 2016					
	pportunity Scholarship for my charty School District. I understand le in the requested school.				
	ild in Jefferson County Virtual enroll in Jefferson County Virtua				
Parent/Guard	lian Signature		Date		
Washington Street, Monticello	to Superintendent Al Cooksey, of Florida 32344. You may also not please call Tammy McGriff, I	eturn this applica	ition by fax to	(850) 342-	