

2017/2018
Application

John M. McKay Scholarship Application for Public School Choice

Exceptional Student Education & Student Support
1701 Northwest 23 Avenue • Fort Lauderdale, Florida 33311
Phone: 754-321-3445

This application may be submitted from May 15, 2017- April 30, 2018 to the Exceptional Student Education Department, by email to jenny.quartararo@browardschools.com or US Mail to **1701 Northwest 23 Avenue, Fort Lauderdale, Florida 33311 attn: Jenny Quartararo**. To be eligible to apply for public school choice through the John M. McKay Scholarship program, the student must be currently enrolled in a Florida public school in grades K-12, be counted for the October 2016 and February 2017 FTE attendance surveys, and have an active IEP or 504 Accommodations Plan. For additional information, please visit http://www.bcps-eseandsupportservices.com/html/mcKay_scholarship.php. You may submit one application for public school choice per school year. Transportation is not guaranteed and is awarded based on route availability.

Please note If your request is approved for your school of choice and the student is later dismissed from ESE, your child may continue attending your choice school, however, the student will no longer be eligible for transportation.

Section A: Student Demographic Information

Please complete this section based on the student's current information. Student's present address and telephone number must match with the school information on file. **** For students not enrolled in Broward County ****, you must first file an intent at www.floridaschoolchoice.org. You must provide your confirmation page and your child's current IEP or 504 Accommodations Plan with your application. Failure to do this will delay the processing of your application.

Student's School Identification Number: _____ Student's Date of Birth: ____/____/____

Student's Name: _____

Current Grade Level: _____ Sex (circle one): M F Current School: _____

Race/ Ethnic Category (circle one): White (non-Hispanic) Asian or Pacific Islander Hispanic
 African-American Native American/ Alaskan Native Multi-racial

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

Parent (s) Name: _____



By initialing this box, I certify that I am the Legal Guardian and holder of Educational Rights for this student and I have read and understand the guidelines for the McKay Scholarship Program.

Initial Here

Section B: Student's relocating within the next 30 days

If you will be moving within the next 30 days, please provide your move date, future address, and future boundaried school. *If you have already moved, please update your address with your child's current public school prior to completing this application.*
If this does not apply to you, please proceed to Section C.

Move Date: _____ Future Boundaried School: _____

Future Address: _____

Section C: School Choice Request

You may use this application to request an out-of-boundary public school. Your requested school may not be a Nova, charter, magnet or "at-capacity" school. Space at each location is limited. The school must be able to accommodate your child in their grade of enrollment and have the ability to provide the services identified on the IEP/FBA/504. *Transportation is not guaranteed will only be provided if there is an existing route that is able to transport the student from their primary residence to the approved school location.* You will receive a response to your request via U.S. Mail within 30 business days of receipt of your application. If approved, you must register at your choice school within 10 school days.

Application Grade: _____ Boundaried School: _____

1st School Choice: _____

2nd School Choice: _____