

**Wakulla County Schools**  
**McKAY SCHOLARSHIP**  
*In District/Out of Zone Form*

**Please Print**

Student Name: (first) \_\_\_\_\_ (last) \_\_\_\_\_

Home Address: \_\_\_\_\_, FL \_\_\_\_\_  
Street City Zip Code

Parent/Guardian Name: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Zoned School: \_\_\_\_\_ Grade: \_\_\_\_\_

Specify the School of Choice  
you wish to transfer to: \_\_\_\_\_

**You are responsible for providing transportation to any school selected outside  
the home zone for which your child is assigned.**

My child is eligible for a McKay Scholarship (*attach copy of approved intent from the School Choice website - [www.schoolchoice.org](http://www.schoolchoice.org)*) and I wish to use it for him/her to attend another school within the district.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

***Please return this application to the Wakulla County School Board, Office of Exceptional Student Services,  
at 69 Arran Rd, Crawfordville, FL 32326***

For additional information, contact Tanya English, Executive Director of ESE/Student Services; 850-926-0065 ext. 252; or e-mail at [Tanya.English@wcsb.us](mailto:Tanya.English@wcsb.us)

Copy to: Home Zoned School  
School of Choice

*Internal use only:*

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_