



SJCSD
Transition Programs
for 18-22-Year-Olds
Application and Guidelines
2025 - 2026

St. John's County School District, Exceptional Student Education Department

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Application for Transition Programs

Please type or print the application in ink. You can complete the application on your own or with assistance.

You, along with your parent(s) and IEP team, should review the SJCS D Transition Guide to understand deferment options and program entrance criteria.

We recommend visiting the program to get a feel for the environment and to meet the instructor. For tour availability, please check our [website](#).

Submit your completed application packet and supporting documents to the application [Dropbox](#). Applications are due by March 14th, and IEP meetings will be scheduled on a rolling basis. If you wish to defer your diploma, please do so by May 15th of your senior year. If you encounter any difficulties, contact Jennifer Argentina at (904) 547-3433 or Jennifer.Argentina@stjohns.k12.fl.us.

An IEP meeting will be scheduled and must include a representative from the SJCS D Transition Program and any appropriate outside agency.

Which program is the student interested in attending (Select first and second choice)?

- Life Work
- Community Campus
- Dual Enrollment at FCTC in conjunction with Life Work
- Dual Enrollment at SJRSC in conjunction with Life Work

Disclaimer: Students must work with and be approved by their guidance counselor at their zoned school before applying to St. Johns River State College or First Coast Technical College. Acceptance into dual enrollment is determined by the college based on its entrance criteria. Dual enrollment is not intended to be full-time and may range from one or more classes per day. Please visit the respective program's website for specific entrance criteria, application procedures, and deadlines.

Career/Employment:

- I plan to work part-time after high school (15 hours per week or less).
- I plan to work full-time.
- I do not plan to work.
- I am concerned that working part-time or full-time might affect my benefits.

Does the student have a job and plan to work during the school year while participating in the program?

If yes, where: _____

How many days/hours per week? _____

APPLICATION PACKET

— SJCSD TRANSITION PROGRAMS —

PERSONAL INFORMATION: Please complete this in collaboration with your parent/guardian and IEP Case Manager.

Name: _____
(Last, First)

DOB: _____
(MM/DD/YYYY)

Student Contact Information

School Currently Attending: _____ Student ID # _____

Student Address: _____
(Street, City, Zip Code)

Parent/Guardian Name: _____

Student telephone number (if different from student) _____

Student email address: _____

STUDENT LEGAL RIGHTS (please check one):

- The student makes his/her own legal decisions.
- The parent has guardianship or is a guardian advocate. (*Court Documentation must be provided upon acceptance into the program*)

TRANSPORTATION:

How do you plan to get to the transition program?

- Parent (or family member) Drive self or Public Transit School District Transportaion

SERVICE AGENCIES: A key part of our program is helping connect you and your family with external agencies when needed. To help us determine if these services are right for you, please provide the following information:

Have you applied to the Agency for Persons with Disabilities?

- Yes No On the wait-list

Name of support coordinator: _____

Support Coordinator's email: _____

Support Coordinator's telephone number: _____

Are you a client of Vocational Rehabilitaion?

- Yes No On the wait-list

Name of support coordinator: _____

Support Coordinator's email: _____

Support Coordinator's telephone number: _____

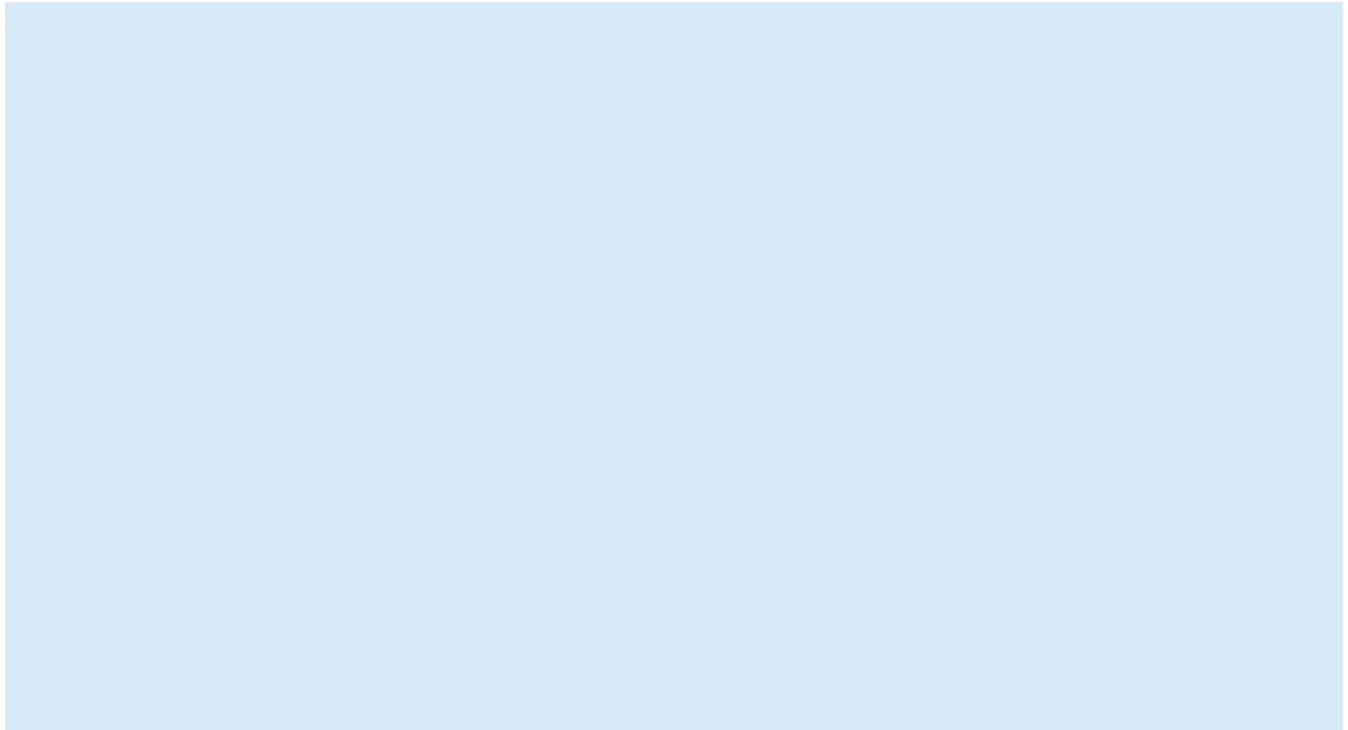
COMMUNITY & JOB EXPERIENCE:

Please complete this in collaboration with your parent/guardian and IEP Case Manager.

Community-Based Instruction and Work-Based Learning Experiences are important parts of our program. To help us understand your prior experience, please let us know if you have participated in any off-campus job training, volunteer work, or paid employment.

Yes No Not Sure

Please provide a list of all your volunteer activities, community-based instruction, and/or paid work experiences. Be sure to include the locations and specific tasks you were involved in.



Please include any additional information that you think might be important for us to know about you.

