



OPPORTUNITY SCHOLARSHIP PROGRAM
STUDENT TRANSFER APPLICATION
2009-2010

OFFICE OF SCHOOL CHOICE
1701 Prudential Drive, Room 224
Jacksonville, Florida 32207
(904) 390-2144 390-2083

Student Name: _____ Student ID No. _____

Date of Birth _____ Gender _____ Ethnicity _____

Address: _____

Parent/Guardian: _____

Home Phone _____ Work Phone _____

School Attended 2008-2009 _____ Projected School 2009-2010 _____

Projected Near School 2009-2010 _____ Projected Grade 2009-2010 _____

CHOICES (You may select only one):

I choose to have my child remain at _____

I choose to have my child attend a school selected from the enclosed list within the district's Opportunity Scholarship Program Plan. (Transportation will be provided by the district to these schools.) You are not guaranteed your first choice.

1st Choice _____

2nd Choice _____

I wish to have my child attend a school in _____ County. I will provide transportation and letter of acceptance.

Name of out-of-county school _____

Parent/Guardian Signature _____ Date _____

(Not valid unless signed)

IF YOU DESIRE TO TRANSFER YOUR STUDENT, THIS FORM MUST BE COMPLETED AND RETURNED TO THE OFFICE OF SCHOOL CHOICE BY JULY 31, 2009 DO NOT FAX

FOR DCPS Office Use Only

Assigned to School _____ Input into GENESIS (Date) _____ Parent Notified (Date) _____

Transportation Provisions: Route _____

AM - Time _____ Location _____

PM - Time _____ Location _____