



OPPORTUNITY SCHOLARSHIP PROGRAM
ELEMENTARY SCHOOL STUDENT TRANSFER APPLICATION
2011-2012

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 _____ Projected Grade 2011-2012 _____

Address: _____ Zip _____

Parent/Guardian: _____

Home Phone _____ Work Phone _____

School Attended 2010-2011 _____ Near School 2010-2011 _____

Projected School 2011-2012 _____ Projected Near School 2011-2012 _____

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 AUGUST 5, 2011

PLEASE DO NOT FAX—ORIGINAL SIGNATURE IS REQUIRED

FOR DCPS Office Use Only

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

Transportation Provisions: Route _____

AM - Time _____ Location _____

PM - Time _____ Location _____