



OPPORTUNITY SCHOLARSHIP PROGRAM
HIGH 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. (Please refer to the enclosed template and fill in one of the blanks below.)

Choice with Transportation \_\_\_\_\_ (District provides transportation)

OR

Choice without Transportation \_\_\_\_\_ (Parent provides transportation)

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 \_\_\_\_\_