



REQUEST FOR ELEMENTARY SCHOOL TRANSFER—OPT-IN TO PROGRAMMATIC SCHOOL

Please provide all the information requested below for the application to be considered.

Date of Application: _____

Student Information

Last Name First Name Middle Name Date of Birth

Student and Primary Parent/Guardian Address: Street

City _____ State _____ Zip _____

Parent/Guardian Information

Last Name First Name Mother Father Guardian

Home Phone # _____ Cell Phone # _____ Email Address: _____

I certify that all of the information on this Request for Elementary School Transfer—Opt-In is correct and true to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

Transfer Request Information

Current School SY 20-21 Grade Zoned School Requested Opt-In School

Reason for request:

- Opt-In K—8 Program
- Opt-In Modified School Calendar
- Opt-In Dual Language

For Department Use Only

Transfer Request Received On: _____ Transportation: _____

Transfer Decision: Approved Denied Date: _____

Notes: _____

Please return this transfer request to the Department of Student Services, Alternative Programs and Equity, 1340 Braddock Place, 5th Floor Alexandria, VA 22314. The forms can emailed to student_services@acps.k12.va.us. If you have any questions, please call Ms. Linda Whitfield at 703-619-8034.