

REQUEST FOR ADMINISTRATIVE TRANSFER 2020-21

It is required to provide ALL information below, for Request to be considered.

Current Grade:

<input type="checkbox"/> PreK	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 7
<input type="checkbox"/> K	<input type="checkbox"/> 2	<input type="checkbox"/> 5	<input type="checkbox"/> 8
	<input type="checkbox"/> 3	<input type="checkbox"/> 6	

Date of Application: _____

STUDENT INFORMATION

_____ Last Name _____ First Name _____ Middle Name

_____ Date of Birth

_____ Home Address - Number & Street Name, Apt # _____ City, State & Zip Code

PARENT / GUARDIAN INFORMATION

_____ Last Name _____ First Name Mother Father Guardian

Same address as above _____ Home Address - Number & Street, Apt # _____ City, State & Zip Code

Phone #'s: Home: _____ Email address: _____

Cell: _____ Are you an ACPS Employee? Yes No

Work: _____ If Yes, School Location /Department/Position: _____

I certify that all of the information on this Request for Administrative Transfer is correct and true to the best of my knowledge.

_____ Parent / Guardian Signature _____ Date

Important Information

Only one Request for Transfer may be made per school year.

Once approved, Administrative Transfers remain in place for the number of years spanned by that school's program, based upon review of the following:

- Student must maintain:
 - ✓ Excellent school attendance
 - ✓ Excellent punctuality
 - ✓ Satisfactory behavior

Transportation to and from the school is the sole responsibility of the Parent/Guardian, except for those transferring into Jefferson-Houston (grades 6, 7, 8).

Please direct any questions to the Office of Instruction for Elementary and Secondary at 703.619.8305

TRANSFER REQUEST INFORMATION

_____ Student's Current School _____ Zone / Home School _____ Requesting Transfer to School

Reason for Request: Sibling Rule Health and Safety Dual Language
 PreK-8 Program Modified School Calendar Other: _____

Comments: (Please attach a separate sheet of paper if additional space is needed.)

For Office Use Only

Approved Attendance / Tardiness Lack of space availability
 Denied Date: _____ Discipline / Conduct Failure to meet program requirements
 Other _____

School Principal: _____ Date: _____

Coordinator of Pupil Placement: _____ Date: _____

Executive Director of Secondary Instruction: _____ Date: _____