



**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 22-23 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, and Equity, 1340 Braddock Place, 5th Floor Alexandria, VA 22314. The forms can be emailed to [student\\_services@acps.k12.va.us](mailto:student_services@acps.k12.va.us).

If you have any questions, please call Ms. Linda Whitfield at 703-619-8034.