



REQUEST FOR ELEMENTARY SCHOOL TRANSFER—OPT-OUT 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-Out is correct and true to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

Transfer Request Information

Current School Zoned School SY 23-24 Grade

Reason for request:

Opt-Out K-8 Program Opt-Out Dual Language

For Department Use Only

Transfer Request Received On: _____ School Closest to Zoned Schools: _____

Transfer Decision: Approved Denied Date: _____

Transportation Provided: Yes No

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 form can be emailed to student_services@acps.k12.va.us. If you have any questions, please call Ms. Linda Whitfield at 703-619-8034.