



**REQUEST FOR ELEMENTARY SCHOOL TRANSFER— SIBLING**

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—Sibling is correct and true to the best of my knowledge.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Transfer Request Information**

\_\_\_\_\_  
Zoned School SY23-24 Grade Sibling's Name Sibling's School/Grade

Reason for request:

Comments (Please attach a separate sheet of paper, if needed): \_\_\_\_\_

**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](mailto:student_services@acps.k12.va.us). If you have any questions, please call Ms. Linda Whitfield at 703-619-8034.