



**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                      School Year & Grade

**Reason for request:**

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 and Equity, 1340 Braddock Place, 5th Floor Alexandria, VA 22314. The form can be emailed to [students\\_services@acps.k12.va.us](mailto:students_services@acps.k12.va.us). If you have any questions, please call Ms. Linda Whitfield at 703-619-8333.