2011-2012 SPECIAL TRANSFER OPTION

Parents may request a special transfer for their child(ren) from the child's projected school to another district school (except dedicated magnet schools). Students with special curriculum needs (ESE, ESOL, etc.) should consult with district staff in those particular areas to determine whether the curriculum offerings are available at the requested school. Special transfers are determined by lottery based upon space availability. **Transportation is the responsibility of the parent/guardian**. Schools that are over capacity may not have openings for Special Transfer Option students due to Class Size requirements. Schools that have magnet waiting lists will accommodate waiting lists before offering openings for Special Transfer Option students. Parents will be notified about placement in June. Late applications will be placed according to space availability and before school starts on **August 22, 2011.**

Student Name_____ Student Number_____ Race_____
Last First Middle

Address_____ Phone_____ Current Grade Level (2010-2011)_____
Street Apt. # City Zip

Current School (2010-2011)_____ Requested School (2011-2012)_____

Date of Birth_____ **Social Security** _____
Month/Day/Year

Place of Birth_____ **Sex**_____ **Grade**_____
City State

Previous School Location_____ **Public**_____ **Private**_____
City State

Application Deadline May 13, 2011

OFFICE USE ONLY

SIBLING PREFERENCE FOR NEW TRANSFER OPTIONS: Parents may request that a brother or sister (sibling) be given preference for assignment to the same school where a sibling is already attending and will be attending during the 2011-2012 school year. If the child for whom this application is being made has a sibling in the same school now and for 2011-2012; please indicate the sibling's name below. Siblings must reside at the same address. Sibling preference does not apply to students accepted into Magnet programs.

SIBLING'S FULL NAME	CURRENT 2010-2011 GRADE LEVEL	SIBLING'S STUDENT NUMBER
_____	_____	_____

By the signature below, the parent/guardian understands that all transfer requests are based on the guidelines indicated above. No student is guaranteed placement at a school.

Parent/Guardian Name_____ **Parent/Guardian Signature**_____ **Date** _____
(PRINT)

PLEASE DO NOT FAX – RETURN APPLICATION TO THE SCHOOL CHOICE OFFICE
DUVAL COUNTY PUBLIC SCHOOLS ADMINISTRATION BUILDING, 2ND FLOOR, 1701 PRUDENTIAL DRIVE, JACKSONVILLE, FL 32207