



OPPORTUNITY SCHOLARSHIP PROGRAM
MIDDLE SCHOOL STUDENT TRANSFER APPLICATION
2011-2012

OFFICE OF SCHOOL CHOICE
1701 Prudential Drive, Room 224
Jacksonville, Florida 32207
(904) 390-2144 390-2083

Student Name: Student ID No.

Date of Birth Gender Ethnicity Projected Grade 2011-2012

Address: Zip

Parent/Guardian:

Home Phone Work Phone

School Attended 2010-2011 Near School 2010-2011

Projected School 2011-2012 Projected Near School 2011-2012

CHOICES (You may select only one):

I choose to have my child remain at

I choose to have my child attend the Opportunity Scholarship School indicated on the enclosed template. I understand that the District will provide transportation to this school.

I wish to have my child attend a school in County. I will provide transportation and letter of acceptance.

Name of out-of-county school

Parent/Guardian Signature Date

(Not valid unless signed)

IF YOU DESIRE TO TRANSFER YOUR STUDENT, THIS FORM MUST BE COMPLETED AND RETURNED TO THE OFFICE OF SCHOOL CHOICE BY AUGUST 5, 2011

PLEASE DO NOT FAX—ORIGINAL SIGNATURE IS REQUIRED

FOR DCPS Office Use Only

Assigned to School Input into GENESIS (Date) Parent Notified (Date)

Transportation Provisions: Route

AM - Time Location

PM - Time Location