

TRANSFER REQUEST

Last Name: _____ **First Name:** _____ **DOB:** _____ **Grade:** _____ **Student ID:** _____

Student Type: _____ **Address:** _____ **City:** _____ **State:** _____ **Zip Code:** _____

Providence RI

Current School Attending: _____ **Primary Telephone:** _____ **Emergency Telephone:** _____

() _____ () _____

ELEMENTARY SCHOOLS *(choose no more than 3)*

- | | | | |
|--|--------------------------------------|--|--|
| <input type="checkbox"/> Bailey | <input type="checkbox"/> Fortes/Lima | <input type="checkbox"/> Leviton - Dual Lang | <input type="checkbox"/> Veazie |
| <input type="checkbox"/> Carnevale | <input type="checkbox"/> Gregorian | <input type="checkbox"/> Messer | <input type="checkbox"/> Webster |
| <input type="checkbox"/> D' Abate | <input type="checkbox"/> Kennedy | <input type="checkbox"/> Pleasant View | <input type="checkbox"/> West |
| <input type="checkbox"/> Feinstein @ Sackett | <input type="checkbox"/> King | <input type="checkbox"/> Reservoir | <input type="checkbox"/> W. Broadway <i>(5 grade only)</i> |
| <input type="checkbox"/> Fogarty | <input type="checkbox"/> Kizirian | <input type="checkbox"/> Spaziano | <input type="checkbox"/> Woods/Young |

MIDDLE SCHOOLS *(choose no more than 3)*

- | | | | |
|---------------------------------|--------------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Bishop | <input type="checkbox"/> DelSesto | <input type="checkbox"/> Greene | <input type="checkbox"/> Hopkins |
| | <input type="checkbox"/> W. Broadway | <input type="checkbox"/> Williams | |

HIGH SCHOOLS *(choose no more than 3)*

- | | | |
|----------------------------------|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Alvarez | <input type="checkbox"/> Central | <input type="checkbox"/> E-Cubed |
| <input type="checkbox"/> Hope | <input type="checkbox"/> Mt. Pleasant | <input type="checkbox"/> Sanchez |

*** PCTA transfers should be requested through your school's guidance counselor.**

The student has a sibling attending a school requested above: *(Please fill in the information below.)*

Student Id: _____ **Last Name:** _____ **First Name:** _____ **DOB:** _____ **Grade:** _____

Student Type: _____ **Current School:** _____

Attention parents/guardians, please read the following items and sign below.

- Transfer requests are processed on first come first serve basis and transfers are executed based on seat availability at the school requested.
- A temporary freeze on transfers may be instituted by school administrators in order to accommodate mandatory state testing periods.

Parent/Guardian Signature: _____ **Date:** _____

Staff Use Only

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Transfer Request | <input type="checkbox"/> Neighborhood | <input type="checkbox"/> Entered into Skyward | <input type="checkbox"/> Duplicate Request |
| <input type="checkbox"/> Break Grade Appeal | <input type="checkbox"/> Non-Neighborhood | <input type="checkbox"/> Does not qualify not entered | <input type="checkbox"/> Sibling verified |

Date: _____ **Time:** _____ **Staff initials:** _____