

### 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:** \_\_\_\_\_

<b>Staff Use Only</b>			
<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
<b>Date:</b> _____	<b>Time:</b> _____	<b>Staff initials:</b> _____	

### SOLICITUD DE TRASLADO

**Apellido:** \_\_\_\_\_ **Nombre:** \_\_\_\_\_ **Fecha de nacimiento:** \_\_\_\_\_ **Grado:** \_\_\_\_\_ **ID Estudiantil:** \_\_\_\_\_

**Programa:** \_\_\_\_\_ **Dirección:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Estado:** \_\_\_\_\_ **Código Postal** \_\_\_\_\_

**Escuela Actual:** \_\_\_\_\_ **Teléfono principal:** \_\_\_\_\_ **Contacto de Emergencia** \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

**ESCUELA PRIMARIAS** *(no escolar mas de tres opciones)*

- |  |                                      |  |  |
|--|--------------------------------------|--|--|
| <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>(solo 5to grado)</i> |
| <input type="checkbox"/> Fogarty             | <input type="checkbox"/> Kizirian    | <input type="checkbox"/> Spaziano            | <input type="checkbox"/> Woods/Young                         |

**ESCUELAS INTERMEDIA** *(no escoja mas de tres opciones)*

- |                                 |                                      |                                   |                                  |
|---------------------------------|--------------------------------------|-----------------------------------|----------------------------------|
| <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 |                                  |

**ESCUELAS SECUNDARIA** *(no escoja mas de tres opciones)*

- |                                  |                                       |                                  |
|----------------------------------|---------------------------------------|----------------------------------|
| <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 |

**\* Las transferencias a PTCA deben solicitarse por medio del consejero académico de su escuela.**

**El estudiante tiene un hermano (a) en una de las escuelas escogida:** *(Por favor complete la siguiente información.)*

**Id Estudiantil:** \_\_\_\_\_ **Apellido:** \_\_\_\_\_ **Nombre:** \_\_\_\_\_ **Fecha de Nac.:** \_\_\_\_\_ **Grado:** \_\_\_\_\_

**Programa:** \_\_\_\_\_ **Escuela Actual:** \_\_\_\_\_

**Atención padres/tutor, favor de leer y firmar.**

- Las solicitudes de transferencia se procesan por el orden de llegada y la transferencia se ejecuta basándose en la disponibilidad de plazas en la escuela solicitada.
- Las transferencias pueden ser detenidas por los administradores escolares para acomodar exámenes estatales.

**Firma del padre/tutor:** \_\_\_\_\_ **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:** \_\_\_\_\_