

TRANSFER REQUEST

Last Name:	First Name:	DOB:	Grade:	Student ID:
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Student Type:	Address:	City:	State:	Zip Code:
<hr/>	<hr/>	Providence	RI	<hr/>
Current School Attending:	Primary Telephone:	Emergency Telephone:		
<hr/>	() <hr/>	() <hr/>		

ELEMENTARY SCHOOLS *(choose no more than 3)*

- | | | | |
|--|------------------------------------|--|---|
| <input type="checkbox"/> Bailey | <input type="checkbox"/> 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>(Gr.5 only)</i> |
| <input type="checkbox"/> Fogarty | <input type="checkbox"/> Kizirian | <input type="checkbox"/> Spaziano Dual Lang | <input type="checkbox"/> Woods/Young |

MIDDLE SCHOOLS *(choose no more than 3)*

- | | | | |
|---------------------------------|--------------------------------------|--|---|
| <input type="checkbox"/> Bishop | <input type="checkbox"/> DelSesto | <input type="checkbox"/> Williams | <input type="checkbox"/> Kizirian <i>(Gr. 6 only)</i> |
| <input type="checkbox"/> Greene | <input type="checkbox"/> W. Broadway | <input type="checkbox"/> Spaziano Dual Lang <i>(Gr.6 only)</i> | |

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 (JSEC) |

*** 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:
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Student Type: <hr/>		Current School: <hr/>		

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: <hr/> | Time: <hr/> | Staff initials: <hr/> | |