



Nelson Stephenson, Superintendent

Christa McAuliffe Phone: 239-283-4511
Oasis Elementary Phone: 239-542-1577
Oasis Middle Phone: 239-945-1999
Oasis High Phone: 239-541-1167

Transfer Request Form 2017-2018 School Year

STUDENT INFORMATION

2017-18 Grade _____

Child's Name _____ Birthdate _____

Parents' Name & Phone # _____

SCHOOL INFORMATION

My child is currently enrolled at:

_____ Christa McAuliffe Elementary _____ Oasis Elementary

TRANSFER INFORMATION

I am requesting a transfer for the following reason (please check whichever apply):

☐ I live closer to the other school

☐ Other, please explain _____

Seats are assigned at our schools in the following order of preference:

1) siblings of students attending the school for which you are applying

(order determined by the date this form is received)

2) siblings of students attending a different school in our system (CME, OES, OMS or OHS)

(order determined by the date this form is received)

3) students enrolled in one of our VPK programs (CME or OES)

(order determined by the date this form is received)

Please be aware that submission of this form does not guarantee your student a seat at the other elementary school, it only serves to have your student added to their waiting list.

Parent/Guardian Signature _____ Date _____