



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

Jacquelin Collins, Superintendent

## Transfer Request Form 2018-2019 School Year

### STUDENT INFORMATION

2018-19 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 \_\_\_\_\_