

IF THE ADDRESS LISTED ABOVE IS NO LONGER ACCURATE, CONTACT YOUR CHILD'S CURRENT SCHOOL IMMEDIATELY.  
QUESTIONS ABOUT THE PROGRAM? CALL YOUR ENROLLMENT OFFICE AT:  
OR CALL YOUR DISTRICT FAMILY ADVOCATE AT:

### 1 REQUESTING A TRANSFER

Do you want to request a transfer? (Select one.)

**YES**, I would like to request a transfer. ■■■▶ Fill out **SELECTING SCHOOLS**.

**NO**, I would not like to request a transfer. I would like my child to remain in his or her current school.  
■■■■▶ Fill out **SUBMITTING YOUR APPLICATION**.

### 2 SELECTING SCHOOLS

Go to the following pages to select your preferred schools. Fill in the bubble to the left of each school name and number. You may be offered any school you select on this form. You may bubble in as many schools as you like (we recommend at least four). (**DO this:** ● **DO NOT do this:** ⊙ ⊗ ⊖ ✓) You may not write in schools that are not on this list.

After indicating your preferences on the following pages, ■■■▶ Fill out **SUBMITTING YOUR APPLICATION**.

### 3 SUBMITTING YOUR APPLICATION

Print and sign your name, record the date, provide a phone number, and submit this form by mail.

Parent Name and Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number (where you can be reached during business hours): \_\_\_\_\_

Phone Number (where you can be reached during evening hours): \_\_\_\_\_

**PLEASE DO NOT INCLUDE ANY ADDITIONAL MATERIALS WITH YOUR APPLICATION.**

### 4 THIS FORM MUST BE SUBMITTED BY MAIL BEFORE FRIDAY, MAY 22, 2009

USE THE REPLY ENVELOPE TO RETURN THIS TRANSFER APPLICATION FORM TO:

NEW YORK CITY DEPARTMENT OF EDUCATION  
NCLB PUBLIC SCHOOL CHOICE PROGRAM  
PO BOX 679, WILLOW GROVE, PA 19090-9908