



2016~2017 Oak Hill Elementary School TRANSFER OPTIONS

Student Name _____ Student Number _____ Race _____
Last First Middle

Address _____ Phone _____ Date of Birth _____
Street Apt. # City Zip

Current School (2015-2016): **Oak Hill Elementary:** Current Grade Level (2015-2016) _____

Options

Please rank your choices as 1st choice, 2nd choice and/or 3rd choice.

Boundary	Magnet Application must be received by August 1, 2016	Choice
<input type="checkbox"/> Cedar Hills – AVID Strategies <input type="checkbox"/> Gregory Drive – Math/Science/Technology <input type="checkbox"/> Jacksonville Heights –Technology Zoned and less than 1.5 miles – No Transportation Zoned and more than 1.5 miles – Transportation Non zoned – No Transportation	<input type="checkbox"/> Lake Forest – Performing Arts <input type="checkbox"/> Thomas Jefferson – Multiple Intelligence <input type="checkbox"/> Rufus Payne - IB <input type="checkbox"/> Andrew Robinson – Math/Science & Engineering <input type="checkbox"/> Susie Tolbert – Gifted and Academically Talented <p style="text-align: center;">With Transportation (Zone 5)</p> <hr/> <input type="checkbox"/> Other: _____ <p style="text-align: center;">With Transportation (Zone 5) Without Transportation (All others)</p>	<input type="checkbox"/> Normandy Village - Leadership <input type="checkbox"/> Timucuan – STEAM and Leadership <input type="checkbox"/> Stonewall Jackson – Science Acceleration <input type="checkbox"/> Other: _____ <p style="text-align: center;">Without Transportation</p>

SIBLING PREFERENCE FOR NEW TRANSFER: Parents may request that a brother or sister (sibling) be given preference for assignment to the same school where a sibling will be attending for the 2016-17 school year. Siblings must reside at the same address.

Sibling's Full Name: _____ 2016-17 Grade Level: _____ Sibling's School: _____

By the signature below, the parent/guardian understands that all transfer requests are based on the guidelines indicated above. No student is guaranteed placement at a school.

Parent/Guardian Name _____ Parent/Guardian Signature _____ Date _____
(PRINT)

PLEASE DO NOT FAX – RETURN APPLICATION IN PERSON OR BY MAIL TO:
 DUVAL COUNTY PUBLIC SCHOOLS ADMINISTRATION BUILDING, School Choice Office, 2nd Floor, 1701 PRUDENTIAL DRIVE, JACKSONVILLE, FL 32207

