



**MIAMI-DADE COUNTY PUBLIC SCHOOLS
OPPORTUNITY SCHOLARSHIP PROGRAM
PUBLIC SCHOOL TRANSFER APPLICATION**

Date Received:

ENGLISH

STUDENT'S NAME (LAST) (FIRST) (MIDDLE)			BIRTH DATE	GRADE COMPLETED	M-DCPS ID #
STUDENT'S ADDRESS		NUMBER AND STREET	APT. #	CITY	ZIP
FATHER'S NAME	FATHER'S HOME TELEPHONE NO.	FATHER'S WORK TELEPHONE NO.	FATHER'S CELLULAR NO.		
MOTHER'S NAME	MOTHER'S HOME TELEPHONE NO.	MOTHER'S WORK TELEPHONE NO.	MOTHER'S CELLULAR NO.		
CURRENT SCHOOL		FATHER'S EMAIL ADDRESS		MOTHER'S EMAIL ADDRESS	
CHOICE PUBLIC SCHOOL		LOC #			

ESPAÑOL

NOMBRE DEL ESTUDIANTE (APELLIDO) (PRIMER NOMBRE) (SEGUNDO NOMBRE)			FECHA DE NACIMIENTO	ULTIMO GRADO TERMINADO	NO. DE IDENTIFICACION DEL M-DCPS
DIRECCION DEL ESTUDIANTE		NUMERO Y CALLE	APT. #	CIUDAD	CODIGO POSTAL
NOMBRE DEL PADRE	TELEFONO DE LA CASA	TELEFONO DEL TRABAJO	TELEFONO CELULAR		
NOMBRE DE LA MADRE	TELEFONO DE LA CASA	TELEFONO DEL TRABAJO	TELEFONO CELULAR		
ESCUELA ACTUAL		CORREO ELECTRONICO DEL PADRE		CORREO ELECTRONICO DE LA MADRE	
OPCION DE ESCUELA PUBLICA		LOC #			

HAITIAN-CREOLE

NON ELÈV LA (SIYATI) (PRENON) (DEZYEM NON)			DAT NESANS	ANE ELÈV LA KOPLETE	# ID M-DCPS
ADRÈS ELÈV LA		NIMEWO AK RI	#APATMAN	VIL	KOD POSTAL
NON PAPA ELÈV LA	# TELEFON LAKAY PAPA ELÈV LA	# TELEFON TRAVAY PAPA LI	# TELEFON SELILÈ LI		
NON MANMAN ELÈV LA	# TELEFON MANMAN ELÈV LA	#TELEFON TRAVAY LI	# TELEFON SELILÈ LI		
LEKÒL ELÈV LA ALE KOUNYE A		EMAIL ADRÈS PAPA ELÈV LA		EMAIL ADRÈS MANMAN LI	
LEKOL PIBLIK OU CHWAZI		LOC #			

PARENT SIGNATURE _____ DATE _____

FOR M-DCPS OFFICE USE ONLY

APPROVED: SCHOOL #		DENIED: JUSTIFICATION			
SIGNATURE		TITLE		DATE	
DATA ENTERED INTO ISIS (DATE)		ENTERED BY (SIGNATURE)		DATA ENTERED INTO ATS (DATE)	
DATE OF APPEAL		APPEAL GRANTED JUSTIFICATION:			
APPEAL DENIED JUSTIFICATION:				DATE ENTERED INTO WEBSITE	
SIGNATURE		TITLE		DATE	