



**ORANGE COUNTY PUBLIC SCHOOLS  
TAYLOR EDUCATION ADMINISTRATION COMPLEX  
200 DAILEY DRIVE  
ORANGE, VIRGINIA 22960  
www.ocss-va.org  
540-661-4550 Fax 540-661-4599**

**No Child Left Behind Act Public School Choice Transfer Request Form  
2009-2010 School Year**

*Please Note:*

*There is no guarantee that your child will be able to enroll in another school if you submit this form. All applications will be rank ordered and students identified as disadvantaged and who did not pass the English and/or math test(s) will be given the highest priority. Submitting this form indicates your preferences to have your child enrolled in another school. Your response is due **August 28, 2009** or upon enrollment after that date. Please complete a separate form for each child.*

**IF YOU WISH TO HAVE YOUR CHILD REMAIN AT HIS/HER CURRENT SCHOOL, NO RESPONSE IS NECESSARY.**

*(please print)*

Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other Contact Information: \_\_\_\_\_

School District Where Home is Located: \_\_\_\_\_

*(ie: Gordon Barbour Elementary, Lightfoot Elementary, Orange Elementary, or Unionville Elementary)*

School That You Are Requesting: Locust Grove Elementary

Student's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\*\*\*\*\*SCHOOL USE ONLY\*\*\*\*\*

**Criteria Verified:**

**School Choice Granted/Denied:** \_\_\_\_\_

**Signature**

**Date**