



Controlled Open Enrollment Transfers 2020 - 2021

In County Out of County

In-County: <input type="checkbox"/> Central Region <input type="checkbox"/> North Region <input type="checkbox"/> South Region	Out-of-County: <input type="checkbox"/> FASCO
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Note: Select the Region Center based on the location of the requested school.

STUDENT'S NAME (Last)	(First)	(Middle)	BIRTH DATE	CURRENT GRADE	GRADE LEVEL APPLYING TO
I.D. NO.	ADDRESS (No.)	(Street)	(City)	(Zip)	Home Phone #.
PARENT/GUARDIAN'S E-MAIL ADDRESS			SCHOOL ASSIGNED BY ATTENDANCE BOUNDARY BASED ON RESIDENCE		
SCHOOLS REQUESTED & LOC. NO. (Select only from list of approved, eligible schools)					
1.			2.		
FATHER'S/GUARDIAN'S NAME	CELL NO.	MOTHER'S/GUARDIAN'S NAME	CELL NO.		
EMPLOYED BY	WORK NO.	EMPLOYED BY	WORK NO.		

SIBLINGS: Siblings are defined as brother, sister, half-brother, half-sister, stepbrother, or stepsister, living in the same household. Name of one (1) sibling who is already attending and will be attending the same school to which the applicant is applying.

NAME OF SIBLING ATTENDING	BIRTH DATE	CURRENT GRADE LEVEL	GRADE LEVEL APPLYING TO	I.D. NO.
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SIBLINGS APPLYING: Name of sibling(s) currently applying to the same school as this applicant.

Check (✓) all that apply.

- Military: Is the parent or legal guardian a full-time active duty service member? YES NO
If yes, submit official current orders and proof of dependency, such as student's military ID card.
- Has the child been relocated due to a foster care placement in a different school? YES NO
- Has the child moved due to a court-ordered change as a result of separation or divorce or the serious illness or death of a custodial parent? YES NO

Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in Chapter 775.082, 775.083, or Chapter 775.084. (Chapter 837.06)

Parent(s) / Guardian(s) please read carefully and sign to indicate your understanding and agreement.

- A.** I understand that this Controlled Open Enrollment transfer approval is contingent on the permanent capacity of the requested school at or below 90% and the school I have selected is on the approved eligible schools list.
- B.** I understand to request a Controlled Open Enrollment Transfer, I must complete and submit FM-7646 to the corresponding 2020-2021 Region Center for the selected school.
- C.** I understand that if this transfer request is approved, I am responsible for providing transportation to and from the school.
- D.** I understand that a controlled open enrollment transfer may be revoked at any time due to poor attendance, tardiness, disruptive behavior.

Parent's/Guardian _____
Print Name
Signature
Date

TO BE COMPLETED BY M-DCPS STAFF:

North Region Central Region South Region FASCO

Date Received _____

Reviewed by _____

Processed by _____ Date _____

Requested School #1 Location No. _____ PERCENTAGE OF FISH CAPACITY _____%

Requested School #2 Location No. _____ PERCENTAGE OF FISH CAPACITY _____%

COMMENT(S)

APPROVED TO: Requested School #1 _____ or Requested School #2 _____

TRANSFER CODE: _____

DENIED DUE TO CAPACITY. MAY APPLY TO ANOTHER TRANSFER OPTION.

DENIED – SCHOOL SELECTED IS NOT AN APPROVED ELIGIBLE SCHOOL.

OTHER _____

Signature of Region Superintendent or Designee _____ Date _____

Name of Parent / Guardian Notified _____ Date Notified _____

Comments _____

**Matrícula Abierta Controlada
Traslados 2020 - 2021**

Dentro del Condado Fuera del Condado

Dentro del Condado: <input type="checkbox"/> Región del Norte <input type="checkbox"/> Región Central <input type="checkbox"/> Región del Sur	Fuera del Condado: <input type="checkbox"/> FASCO
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Nota: Seleccione el Centro Regional según la ubicación de la escuela que solicita.

NOMBRE DEL ESTUDIANTE (Apellido) (Primer nombre) (Segundo nombre)		FECHA DE NACIMIENTO	NIVEL DE GRADO ACTUAL	NIVEL DE GRADO QUE SOLICITA
NO. I.D.	DIRECCIÓN (No.) (Calle) (Ciudad) (Código postal)	NO. TELÉFONO HOGAR		
CORREO ELECTRÓNICO DEL PADRE O DE LA MADRE / TUTOR		ESCUELA ACTUAL		
ESCUELAS SOLICITADAS Y NO. DE LOCALIZACIÓN				
1.		2.		
NOMBRE DEL PADRE DE FAMILIA / TUTOR	NO. TELÉFONO MÓVIL	NOMBRE DE LA MADRE DE FAMILIA / TUTOR	NO. TELÉFONO MÓVIL	
EMPLEADOR	NO. TELÉFONO LUGAR DE TRABAJO	EMPLEADOR	NO. TELÉFONO LUGAR DE TRABAJO	

HERMANOS: Los hermanos se define como hermano, hermana, medio hermano, media hermana, hermanastro o hermanastra, que viven en el mismo hogar. Enumere el nombre de un(a) (1) hermano/a que ya asiste y asistirá a la misma escuela al que el solicitante solicita.

NOMBRE DEL HERMANO/A QUE ASISTE	FECHA DE NACIMIENTO	NIVEL DE GRADO ACTUAL	NIVEL DE GRADO QUE SOLICITA	I.D. NO.
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HERMANOS QUE SOLICITAN: Nombre del / de los hermano(s) que actualmente solicitan a la misma escuela que este solicitante.

Marque (✓) todo el que aplique.

- Militar: ¿Es el padre de familia o tutor legal miembro en servicio activo a tiempo completo? SÍ NO
De responder que sí, favor de entregar las órdenes militares vigentes y el comprobante de dependiente, tal como el carné de identificación militar del estudiante.
- ¿El estudiante ha sido reubicado a otra escuela debido a una colocación en cuidado de acogida? SÍ NO
- ¿El estudiante ha sido reubicado debido a un cambio de orden judicial como resultado de una separación o divorcio o la grave enfermedad de un padre de custodia? SÍ NO

Quien a sabiendas haga una declaración falsa por escrito con la intención de engañar a un servidor público en el desempeño de su deber oficial será culpable de un delito menor de segundo grado, punible según lo dispuesto en el Capítulo 775.082, 775.083 o el Capítulo 775.084. (Capítulo 837.06)

Padres de familia / Tutores, favor de leer cuidadosamente y firmar para indicar su entendimiento del acuerdo.

- A.** Entiendo que esta aprobación de traslado en Matrícula Abierta Controlada depende de que la capacidad permanente de la escuela que solicito se encuentre en o debajo de un 90 por ciento y la escuela que he seleccionado está en la lista de escuelas elegibles aprobadas.
- B.** Entiendo que para solicitar una Transferencia de inscripción abierta controlada, debo completar y presentar el FM-7646 al Centro regional 2020-2021 correspondiente para la escuela seleccionada.
- C.** Entiendo que, si esta solicitud de traslado es aprobada, soy responsable de proporcionar el transporte hacia y desde la escuela.
- D.** Entiendo que un traslado de matrícula abierta controlada puede ser revocado en cualquier momento debido a la falta de asistencia, llegadas tardías, comportamiento perturbador.

Padres de familia / tutores _____
Nombre en letra de molde
Firma
Fecha

TO BE COMPLETED BY REGION / FASCO STAFF:

North Region Central Region South Region FASCO

Date Received _____

Reviewed by _____

Processed by _____ Date _____

Requested School #1 Location No. _____ PERCENTAGE OF FISH CAPACITY _____%

Requested School #2 Location No. _____ PERCENTAGE OF FISH CAPACITY _____%

COMMENT(S)

APPROVED TO: Requested School #1 _____ or Requested School #2 _____

TRANSFER CODE: _____

DENIED DUE TO CAPACITY. MAY APPLY TO ANOTHER TRANSFER OPTION.

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OTHER _____

Signature of Region Superintendent or Designee _____ Date _____

Name of Parent / Guardian Notified _____ Date Notified _____

Comments _____

Transfè nan Ouvèti Anwolman ki Kontwole 2020 - 2021

Nan Konte a Deyò Konte a

Nan Konte: <input type="checkbox"/> Rejyon Nò <input type="checkbox"/> Rejyon Santral <input type="checkbox"/> Rejyon Sid Deyò Rejyon an: <input type="checkbox"/> 'FASCO'
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Note: Chwazi Sant Rejyon an baze sou adrès lekòl ou mande a.

NON ELÈV LA	(Non)	(Prenon)	(Non Batèm)	DAT NESANS	ANE ESKOLÈ KOUNYE A	NIVO ANE ESKOLÈ LI AP APLIKE
NIMEWO I.D.	ADRÈS	(No.)	(Ri)	(Vil)	(Kòd Postal)	# Telefòn Lakay
ADRÈS ELEKTWONIK PARAN/GADYEN			LEKÒL YO VOYE ELÈV LA BAZE SOU ADRÈS KAY LI			
LEKÒL LI MANDE & NIMEWO LOKASYON AN. (Chwazi sèlman nan lis lekòl elijib yo apwouve)						
1.			2.			
NON PAPA/GADYEN	NO. SELILÈ		NON MANMAN/GADYEN		NO. SELILÈ	
NON TRAVAY	NO. TRAVAY		NON TRAVAY		NO. TRAVAY	

FRÈ/SÈ: Yo define frè/sè kòm frè, sè, demi frè, demi sè, ki abite nan menm kay. Non yon (1) frè/sè ki deja ale e ki prale nan menm lekòl kote aplikan an aplike a.

NON FRÈ/SÈ KI ALE NAN LEKÒL LA	DAT NESANS	NIVO ANE ESKOLÈ KOUNYE A	NIVO ANE ESKOLÈ LI AP APLIKE POU LI A	NO. ID
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FRÈ/SÈ KI AP APLIKE: Non frè/sè ki ap aplike kounye a nan menm lekòl ak aplikan sa a.

Tcheke (✓) tout sa ki aplike.

- Militè: Èske paran an oubyen gadyen legal la se yon manm nan sèvis militè apentan? WI NON
Si wi, soumèt lòd ofisyèl aktyèl la ak evidans depandans, tankou kat idantifikasyon militè elèv la.
- Èske yo relokalize timoun nan akoz yo plase l nan yon fwaye oubyen nan yon lekòl diferan? WI NON
- Èske timoun nan deloje akoz chanjman lòd tribinal e ansanm ak rezilta separasyon oubyen divòs oubyen maladi grav oubyen lamò yon paran k ap pran swen li? WI NON

Kèlkeswa moun ki entansyonèlman fè yon move deklarasyon alekri avèk entansyon pou l twonpe yon anplwaye leta nan pèfòmans fonksyon ofisyèl li ap koupab yon ofans minè nan dezyèm degre, avèk pinisyon jan yo di li nan Chapit 775.082, 775.083, oubyen Chapit 775.084. (Chapit 837.06)
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Paran / Gadyen silvoulè li avèk atansyon e siyen pou endike ou konprann e ou dakò.

- A.** Mwen konprann apwobasyon transfè nan Ouvèti Anwolman Kontwole sa a depann sou kapasite pèmanan lekòl mwen mande a ki 90% oubyen pi ba. e lekòl mwen chwazi a se sou lis lekòl apwouve ki apwouve yo.
- B.** Mwen konprann pou mande yon Transfè Enskripsyon Louvri Kontwole, mwen dwe ranpli epi soumèt FM-7646 nan Sant Rejyonal ki koresponn 2020-2021 pou lekòl yo chwazi a.
- C.** Mwen konprann si yo apwouve demand transfè sa a, mwen responsab pou m bay transpò pou ale e soti lekòl.
- D.** Mwen konprann yo ka revoke transfè nan ouvèti anwolman ki kontwole a nenpòt lè akoz anpil absans, anpil reta, move konpòtman nan lekòl.

Paran/Gadyen _____
Enprime Non an
Siyati
Dat

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North Region Central Region South Region FASCO

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