Queen Creek Virtual Academy Transfer Form

One form per student (return to qcva@qcusd.org)

School Site Transferring From:

Street Address City State Zip Code Mailing Address (If Different Than Physical Home Address) Street Address City State Zip Code		First Name	Middle Name	Student ID#	Grade	Gende	r Date of
Street Address City State Zip Code Does your student have any special needs? If yes, please identify. (check all that ap ELL Gifted Speech Title 1 504 Spech NOTE: IF YOUR STUDENT IS RECEIVING SPECIAL EDUCATION SERVICES PLEASE CONTACT SPECIAL SERVICES PRIOR TO TRANSFER. 480-987 I understand that providing false information on this form may result in the application be denied or admission being revoked. The signatory affirms that the student will abide by the rules, standards, and policies of the School and Queen Creek Unified School District. I understand that an electronic signature has the same legal effect: Step 1: Check the box below Step 2: Type in your name							
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OFFICE USE ONLY Track: Grade Teacher: ID# Grade Year:	I understandenied or a rules, stand I understandenies Step 1: Che Step 2: Type Signature of	d that providing dmission being lards, and policed that an electick the box below in your name of Parent/Guard	g false inform g revoked. The cies of the Scl cronic signatur ow	ation on this to signatory at the signatory at the sand the sand of the sand o	form may refirms that the concept of	esult in the he student Jnified Sch	e application between twill abide by the application between twill abide by the application.