

In Boundary QCUSD Students Only

Queen Creek Virtual Academy Transfer Form

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

School Site Transferring From:

__DME __FBPE __FMSE __GPA __JBE __KMBE __SE __SVE __QCE __QCJH __NBCP __EHS __QCHS __QCVA __CHS

Last Name	First Name	Middle Name	Student ID#	Grade	Gender	Date of Birth

Physical Home Address/Subdivision

Street Address	City	State	Zip Code

Mailing Address (If Different Than Physical Home Address)

Street Address	City	State	Zip Code

Does your student have any special needs? If yes, please identify. (check all that apply)

ELL	Gifted	Speech Title 1 504	Special Education

NOTE: IF YOUR STUDENT IS RECEIVING SPECIAL EDUCATION SERVICES PLEASE CONTACT SPECIAL SERVICES PRIOR TO TRANSFER. 480-987-7461

I understand that providing false information on this form may result in the application being 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

Signature of Parent/Guardian

OFFICE USE ONLY

Track: _____ Grade Teacher: ID# _____ Grade Year: _____

AZ Entry Date: Resident District: _____

Enroll date/code Entered By: _____ Date: _____