(PURPLE)

School Year	

Date Received Receiving Campus

INTER-DISTRICT STUDENT TRANSFER REQUEST

IMPORTANT: THIS FORM MUST BE COMPLETED EVERY YEAR.

Student's Name	Date of Birth	Home District and School that pertains to current address	Grade level next year	Campus request transfer to:

This section must be completed by Parent or Guardian:

Reason for transfer request: _____

_____

_____

TERMS:

- Transfers are approved to a school where space is available based on campus and program capacity, and that, according to District's FDA(Regulation) my child may be reassigned to a different campus in order to reestablish enrollment balance if an unexpected increase in enrollment on the campus occurs.
- All UIL rules shall apply.
- Parents/Guardians assume responsibility for transportation. Bus service is not provided.
- Transfers may be revoked due to excessive absences, tardies and/or repeated failure to pick up the student from school on time, violations of the Student Code of Conduct, lack of support for academic success, or if the student is no longer receiving childcare from the listed provider.
- Transfers may be revoked at any time during the year with approval from the Associate Superintendent or designee.
- I hereby declare that my child ____is ___ is not under an order for placement in an alternative education program or under an expulsion order. If my child is under any such order, I will provide an explanation or a copy of the order to CISD.

Print Parent Name: _____ Parent Signature: _____
Work Assignment: _____ Date of Request: _____
Current Address : _____ City, State, & Zip Code: _____
Home/Cell Phone: _____ Work Phone: _____ Email: _____

CISD COMMENTS AND APPROVAL:

☐ Approved ☐ Denied _____ _____
Receiving Campus Principal Signature Date

Denied for: ☐ Excessive Absences/Tardies ☐ Student Code of Conduct Violations ☐ Lack of Academic Support
Comments: _____

_____

_____

☐ Approved ☐ Denied _____ _____
Associate Superintendent/Designee Signature Date