

# APPLICATION FOR STUDENT TRANSFER

## STUDENT TRANSFER DEPARTMENT

### HOUSTON INDEPENDENT SCHOOL DISTRICT

ID Number: \_\_\_\_\_

4400 W. 18<sup>th</sup> St.

Houston, Texas 77092-8501

Phone (713) 556-6734 Fax (713) 556-6784

NEW  RENEWAL

DATE: \_\_\_\_\_

#### STUDENT INFORMATION

<b>Student Name (Last, First, Middle Initial)</b>		<b>Date of Birth</b>		<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
Student Ethnicity	<input type="checkbox"/> American Indian / Alaskan <input type="checkbox"/> Asian	<input type="checkbox"/> Black / African-American <input type="checkbox"/> Hispanic / Latino	<input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> White		
Student Address	Street number	Street Name	Apt#	City	State Zip Code Home Phone
Student Lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other (Name/Relationship)					
Father / Guardian Name (Last, First)		Work Phone	Cell Phone	Email Address	
Mother / Guardian Name (Last, First)		Work Phone	Cell Phone	Email Address	
Is Parent / Guardian an HISD employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give location: _____					

#### TRANSFER REQUEST

**Transfer Request for current year?**  **or next school year**  **Grade for school year of application:** \_\_\_\_\_

School district in which student resides \_\_\_\_\_ School student would attend in that district \_\_\_\_\_

School last attended \_\_\_\_\_ District \_\_\_\_\_ School Year \_\_\_\_\_

Did student use a transfer last semester?  Yes  No If yes, to which school? \_\_\_\_\_

To which school is the transfer requested? \_\_\_\_\_

Reason for Transfer: \_\_\_\_\_

**Signature below certifies that all the information above is true and accurate to the best of my knowledge. If a transfer is granted on false information, it is subject to revocation. I understand that I am making a one year commitment. Transfers must be renewed each year.**

Signature of Parent or Legal Guardian \_\_\_\_\_

#### SCHOOL/REGION USE ONLY—DO NOT WRITE BELOW THIS LINE

**All original Special Transfers must be signed by the Receiving Principal**

**Receiving Principal's Recommendation**

**Granted**  **Denied**

\_\_\_\_\_  
Signature of Receiving Principal

\_\_\_\_\_  
Date

#### TRANSFER DEPARTMENT USE ONLY—DO NOT WRITE BELOW THIS LINE

**Application**

**Granted**  **Denied**

**Reason Denied**

\_\_\_\_\_  
Signature of Student Transfer Department

\_\_\_\_\_  
Date

Transfer Type: \_\_\_\_\_