

APPLICATION FOR STUDENT TRANSFER

STUDENT TRANSFER DEPARTMENT

HOUSTON INDEPENDENT SCHOOL DISTRICT

4400 W. 18th St.

Houston, Texas 77092-8501

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

DATE: _____

ID Number: _____

STUDENT INFORMATION

Student Name (Last Name)	(First Name)	(Middle Initial)	Date of Birth	Gender
				<input type="checkbox"/> Male <input type="checkbox"/> Female

Student _____

Address _____

Street number	Street Name	Apt#	City	State	Zip Code	Home Phone
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Father / Guardian Name (Last, First)	Work Phone	Cell Phone	Email Address
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Mother / Guardian Name (Last, First)	Work Phone	Cell Phone	Email Address
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Is Parent / Guardian an HISD employee? Yes No If yes, give location: _____

TRANSFER REQUEST

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

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

To which school is the transfer requested? _____

Reason for Transfer:

Choice Program Transfers

- Career and Technical
- Dual Language
- International Baccalaureate (IB)
- Language of Instruction

Special Transfers

- Former Attendance Boundary
- Grandparent Affidavit
- Hardship
- Home Field Advantage
- Homeless
- Public Education Grant School-Based Employee
- Special Education Violent Crime Victim

Open Enrollment Transfers

- Charter School
- Pre-K Enrollment
- Space Available
- HISD Charter

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 follow School Guidelines and Student Code of Conduct and can be revoked for unacceptable behavior and/or excessive absences at the end of the school year. Transfers will be approved based on the Office of School Choice deadlines and campus space availability.

Signature of Parent or Legal Guardian: _____

OFFICE OF SCHOOL CHOICE USE ONLY—DO NOT WRITE BELOW THIS LINE

All 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: _____