

# APPLICATION FOR OUT-OF-DISTRICT 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>Social Security Number</b>			<b>Date of Birth</b>
Student	Street number	Street Name	Apt#	City	State	Zip Code	Home Phone
Address							
Student Lives with:		Mother	Father	Both	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		

### TRANSFER REQUEST

<b>Transfer Request for current year?</b>	<b>or next school year</b>	<b>Grade for school year of application:</b> _____	
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?			

### THIS SECTION MUST BE COMPLETED BY PARENT OR GUARDIAN

_____ Signature of Parent/Legal Guardian		_____ Date	
<b>Is Parent / Guardian an HISD employee?</b>	Yes	No	<b>For Employees wishing to apply for a tuition-free-transfer, the parent must present</b> <ul style="list-style-type: none"><li>• Certified copy of the student's birth certificate</li><li>• Social Security Number</li><li>• Latest pay statement indicating the employee contributes to TRS.</li></ul>
<b>If yes, give location:</b>	_____		
<b>HISD Employee ID:</b>	_____		

### SCHOOL USE ONLY

Signature below verifies that, according to HISD Board Policy FDA(Local), no qualified HISD resident student's transfer has been denied during the current school year.

<b>Magnet Program</b>	<b>Receiving Principal's Recommendation</b>	
Yes	Granted	Denied
No		
_____ Manager of Magnet Programs (If applicable)	_____ Signature of Receiving Principal	

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

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

Signature of Chief Academic Officer \_\_\_\_\_ Date \_\_\_\_\_