

BOUNDARY OPTION TRANSFER REQUEST FOR MARK WHITE ELEMENTARY SCHOOL

For 2018-2019 School Year

{Only for eligible students zoned to Briargrove, Emerson, Pilgrim, and Piney Point}

Office of School Choice

Houston Independent School District
4400 West 18th Street
Houston, TX 77092

Either mail or deliver the completed document to the Office of School Choice or scan and e-mail to studenttransfer@houstonisd.org

This form should only be used for a boundary option request to Mark White Elementary School for the 2018-2019 school year.

PLEASE PRINT CAREFULLY

Student Name: _____ HISD ID for current student: _____

Date of Birth (mm/dd/yyyy): _____ Gender: Male Female Next Year's Grade: _____

Check here if interested in the French Dual Language Immersion Program. (Only for entering PK, Kinder, and 1st grade students)

Student address

Street Apt. _____

City TX Zip Code _____

Parent/Guardian information

Parent Name: _____ Home: _____ Cell: _____

Parent e-mail: _____

I have other children applying for a student transfer to Mark White Elementary for the 2018-2019 school year.

Signature

My 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.

Signature of Parent Date

For Office of School Choice Use Only

Date received: _____

Verified attendance zone: Briargrove Emerson Pilgrim Piney Point

Entered in database: _____

Notes: