



HOUSTON INDEPENDENT SCHOOL DISTRICT STUDENT TRANSFER DEPARTMENT

4400 West 18th Street * HOUSTON, TEXAS 77092

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

StudentTransfer@houstonisd.org

CAPPED SCHOOL STUDENT TRANSFER

Date: _____

School Year: _____

Name of Student _____, _____
Last Name First Name

Student ID# _____ Date of Birth: _____ Grade: _____

Home Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Emergency Telephone: _____

Capped School: _____

Hub School: _____

Transportation Requested: Yes _____ No _____

**Transportation is provided to capped students who live 2 or more miles from the hub school to which they are redirected for enrollment.*

Notes: _____

Signature of Capped School Principal

Signature of HUB School Principal

E-mail a PDF of the completed transfer request to StudentTransfer@houstonisd.org or fax a copy to 713-556-6784.

TO BE COMPLETED BY STUDENT TRANSFER DEPARTMENT

Date: ____/____/____

Application: Granted _____ Denied _____

Signature of Student Transfer Department