

APPLICATION FOR STUDENT TRANSFER

STUDENT TRANSFER DEPARTMENT
HOUSTON INDEPENDENT SCHOOL DISTRICT

ID Number: _____

4400 W. 18th St.

Houston, Texas 77092-8501

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

NEW RENEWAL

DATE: _____

STUDENT INFORMATION

Student Name (Last, First, Middle Initial)

Date of Birth

Gender

Male Female

Student Ethnicity American Indian / Alaskan Black / African-American Native Hawaiian / Pacific Islander
 Asian Hispanic / Latino White

Student Address Street number Street Name Apt# City State Zip Code Home Phone

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

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: _____

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: _____