



**HOUSTON INDEPENDENT SCHOOL DISTRICT STUDENT TRANSFER DEPARTMENT**

4400 West 18<sup>th</sup> Street \* HOUSTON, TEXAS 77092

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

[StudentTransfer@houstonisd.org](mailto: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 \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature of Capped School Principal**

\_\_\_\_\_  
**Signature of HUB School Principal**

E-mail a PDF of the completed transfer request to [StudentTransfer@houstonisd.org](mailto: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