

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: _____

PARENT: COMPLETE THIS SECTION ONLY- PLEASE PRINT OR TYPE

Transfer request for current year? or next school year? Grade for school year of application: _____

Student Name (Last, First, MI) _____ Date of Birth (MM/DD/YYYY) _____ Age _____ Gender
 Male
 Female

Student Ethnicity American Indian/Alaska 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/legal guardian an HISD Employee? Yes No If yes, give location: _____

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? _____ Transportation requested? Yes No

Give detailed reason for student transfer request (attach additional sheet, if necessary).

Signature below certifies that all the information given 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 _____ Date _____

PRINCIPAL'S USE ONLY -- DO NOT WRITE BELOW THIS LINE

Sending Principal's Recommendation *All original and renewal Magnet and Special Transfers must be signed by the sending and receiving principals.* Receiving Principal's Recommendation
 Granted Denied Granted Denied

Signature of Sending Principal _____

Signature of SWAS Magnet Coordinator / Special Education _____

Signature of Receiving Principal _____

TO BE COMPLETED BY STUDENT TRANSFER DEPARTMENT

Application
 Granted Denied

Reason Denied _____

Appeal
 Granted Denied

Signature of Manager, Student Transfer Department _____

Date _____