

# APPLICATION FOR STUDENT TRANSFER

## STUDENT TRANSFER DEPARTMENT

### HOUSTON INDEPENDENT SCHOOL DISTRICT

ID Number: \_\_\_\_\_

4400 W. 18<sup>th</sup> St.

Houston, Texas 77092-8501

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

NEW

RENEWAL

DATE: \_\_\_\_\_

#### STUDENT INFORMATION

<b>Student Name (Last, First, Middle Initial)</b>		<b>Date of Birth</b>		<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
Student Ethnicity	<input type="checkbox"/> American Indian / Alaskan <input type="checkbox"/> Asian	<input type="checkbox"/> Black / African-American <input type="checkbox"/> Hispanic / Latino	<input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> 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

<b>Transfer Request for current year?</b>	<b>or next school year</b>	<b>Grade for school year of application:</b> _____
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:		
<p><b>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.</b></p>		
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: \_\_\_\_\_