

**BOUNDARY OPTION TRANSFER REQUEST FOR MARK WHITE ELEMENTARY SCHOOL**

For 2016-2017 School Year

{Only for eligible students zoned to Briargrove, Emerson, Pilgrim, and Piney Point}

**Office of School Choice**

Houston Independent School District  
4400 West 18<sup>th</sup> Street  
Houston, TX 77092

Either mail or deliver the completed document to the Office of School Choice or scan and e-mail to [osc@houstonisd.org](mailto:osc@houstonisd.org)

*This form should only be used for a boundary option request to Mark White Elementary School for the 2016-2017 school year.*

PLEASE PRINT CAREFULLY

Student Name: \_\_\_\_\_ HISD ID for current student: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Gender:  Male  Female Next Year's Grade: \_\_\_\_\_

Check here if interested in the French Dual Language Immersion Program. (Only for entering PK and Kinder students)

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**Student address**

\_\_\_\_\_  
Street Apt. \_\_\_\_\_  
\_\_\_\_\_  
City TX Zip Code \_\_\_\_\_

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**Parent/Guardian information**

Parent Name: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent e-mail: \_\_\_\_\_

I have other children applying for a student transfer to Mark White Elementary for the 2016-2017 school year.

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**Signature**

My 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.

\_\_\_\_\_  
Signature of Parent Date \_\_\_\_\_

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**For Office of School Choice Use Only**

Date received: \_\_\_\_\_

Verified attendance zone:  Briargrove  Emerson  Pilgrim  Piney Point

Entered in database: \_\_\_\_\_

Notes: