APPLICATION FOR OUT-OF-DISTRICT STUDENT TRANSFER

STUDENT TRANSFER DEPARTMENT

HOUSTON INDEPENDENT SCHOOL DISTRICT

ID Number: _____

4400 W. 18 th St.

DATE: _____

Houston, Texas 77092-8501 Phone (713) 556-6734 Fax (713) 556-6784

NEW

RENEWAL

STUDENT INFORMATION						
Student Name (Last, First, Middle Initial)		Social Secur	Social Security Number Date of Birth		f Birth	
Student Street number Street Name Address	Apt#	City S	itate Zip Code	Home Phone		
Student Lives with: Mother Father	Both	Other (Name/Relati	ionship)			
Father / Guardian Name (Last, First)	Work Phone	Cell Phone		Email Address		
Mother / Guardian Name (Last, First)	Work Phone	Cell Phone		Email Address		
TRANSFER REQUEST						
Transfer Request for current year? or next school year Grade for school year of application:						
School district in which student resides	School stud	ent would attend in that d	istrict	()()()	
School last attended	District		Schoo	l Year		
Did student use a transfer last semester?	Yes No	If yes, to which school	ol?			
To which school is the transfer requested?						
THIS SECTION MUST BE COMPLETED BY PARENT OR GUARDIAN						
Signature of Parent/Legal Guardian Date						
Is Parent / Guardian an HISD employee?	Yes No	For Employees wis parent must preser	nt		nsfer, the	
If yes, give location:	 	Certified copySocial Security		birth certificate		
HISD Employee ID:		Latest pay star		g the employee co	ontributes to	
TRS. SCHOOL USE ONLY						
Signature below verifies that, according to HISD Board Policy FDA(Local), no qualified HISD resident student's transfer has been denied during the current school year.						
Magnet Program		R	eceiving Princ	ipal's Recomme	ndation	
Yes			Granted	l Denied		
No						
Manager of Magnet Programs (If applicable) Signature of Receiving Principal						
TRANSFER DEPARTMENT USE ONLY—DO NOT WRITE BELOW THIS LINE						