



ABILENE INDEPENDENT SCHOOL DISTRICT

Student ID# \_\_\_\_\_

IN DISTRICT TRANSFER

SCHOOL YEAR: \_\_\_\_\_ - \_\_\_\_\_

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

Student \_\_\_\_\_ Grade during transfer year \_\_\_\_\_ Race \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Student's Residence Campus (campus based on address)	
Transfer Request Campus	

REASON FOR TRANSFER: (No transfers granted for Freshman unless sibling is currently enrolled or athletic eligibility has been established.)

- CURRICULUM: (High School Students may transfer to take any course that is not offered in their attendance zone)  
Course Name: \_\_\_\_\_
- CHILD CARE PROVIDER \* Elementary and Middle School Only (Child Care must be provided in the attendance area to which the transfer is made)  
Provider Name, address, and phone #: \_\_\_\_\_  
Parent (s) employed during school hours?  YES  NO  
NAME OF EMPLOYER FOR: Father: \_\_\_\_\_ Mother: \_\_\_\_\_
- STUDENT HAS MOVED: Previous address \_\_\_\_\_
- FOR THE REMAINDER OF THE CURRENT SCHOOL TERM
- FORMER STUDENT (Must be currently enrolled in campus of transfer request.)
- SIBLING (Name of sibling at the campus of transfer request) \_\_\_\_\_
- OTHER \_\_\_\_\_

**PLEASE READ AND INITIAL: \*\*\*Forms not initialed will not be accepted.**

\_\_\_\_\_ I understand an **approved** transfer must be obtained for **every** school year. Transfer requests can be made **beginning April 1<sup>st</sup> of each year.**

\_\_\_\_\_ I understand that in order to remain in compliance with the School District's **Student/Teacher Ratio Policy**, transfers **will not be considered** if crowded conditions exist in the school where that transfer is requested. Approved transfers are binding for the school year unless crowded conditions occur. **This transfer may be revoked anytime these conditions occur.**

\_\_\_\_\_ I understand transfer students **are not eligible** for school bus transportation.

\_\_\_\_\_ I understand transfers **may be revoked** by the Director of Student Services if the student **is not in compliance with compulsory attendance laws involving absences or the school district's policy regarding tardies.**

ATHLETICS: Does the student participate in Athletics?  YES  NO

\_\_\_\_\_ I understand the athletic implications involved with this transfer.

\*\*\*Forms not signed will not be accepted  
Signature of Parent or Guardian: \_\_\_\_\_

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved: <input type="checkbox"/> Inconsistent with Local Regulations <input type="checkbox"/> Overcrowded conditions <input type="checkbox"/> Inconsistent with Child Care Policy	<div style="border: 1px solid black; padding: 5px;">         _____          Kari Leong, Director of Student Services      Date       </div>
Return Form to Director of Student Services at 241 Pine Street Abilene, TX 79601 You may scan and email to <a href="mailto:nancy.ramos@abileneisd.org">nancy.ramos@abileneisd.org</a> or print and fax to 325-794-1321	