

OUT OF DISTRICT TRANSFER

FY 2018 - 2019

Student must have an attendance record consistent with the state requirement of 90 percent attendance, must have no record of serious or persistent misconduct, must have passing grades, and must have taken and passed, at the "met standard" level or above, all sections of the most recent administration of any state-mandated assessment on the first administration.
Please bring a utility bill (one of the following: water, electric, gas or lease/mortgage)/no disconnection notice accepted.

Students who transfer into the District and fail to fulfill these responsibilities may result in revocation of the transfer.

***Parents of new transfer students must provide attendance, discipline records, grades, and state-mandated assessment results to the district prior to transfer approval. Failure to meet the standards for each area may result in transfer denial.

{GRAYED AREA TO BE COMPLETED BY DISTRICT}

Student's Legal Name (Last, First, Middle)	Ethnic	Current Attendance Data Student's Resident		District Student Attended Prior Year	Grade	Transfer Request Campus
	Code	Co/Dist/No.	Campus No.	Co/Dist/No.		

This section must be completed by parent or guardian:

I have been informed of the receiving district's policy concerning a non-refundable application fee of \$25.00, for transferred students whose grade is taught in the student's district of residence; and I accept responsibility for the payment.

Signed _____ (Parent's/Guardian Signature) _____ (Parent Printed Name)

Reason for transfer: Curriculum (AP classes) Child Care Provider (Elem. & Middle School Only)
 Student Has Moved Former Student Other: _____

Previous Address: _____
City, State, Zip _____
Present Address: _____
City, State, Zip _____

Email Address: _____ Phone # _____

_____/_____/_____ / _____ / _____

This section must be completed by the receiving superintendent:

The above transfer(s) was/were approved on _____, 20 ____
 disapproved

Typed Name of Receiving District Superintendent Dr. David Young	Date	Telephone (325) 677-1444	Signature Executive Director of Student Services
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Return Form to Director of Student Services at 241 Pine Street Abilene, TX 79601
You may scan and email to kimberly.mannke@abileneisd.org or print and fax to 325-794-1321

OFFICE USE: Paid: Check# _____ Cash _____ Receipt # _____ Employee at _____