



# IN DISTRICT TRANSFER

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

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

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

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

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

<b>Student's Residence Campus (campus based on address)</b>	
<b>Transfer Request Campus</b>	

**\*Attach a copy of your utility bill (water, electric, gas, lease/mortgage) no cut off notice**

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

1.  **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: \_\_\_\_\_
2.  **STUDENT HAS MOVED:** Previous address \_\_\_\_\_
3.  **FOR THE REMAINDER OF THE CURRENT SCHOOL TERM ONLY**
4.  **FORMER STUDENT (Must be currently enrolled in campus of transfer request. One time use)**
5.  **SIBLING (Name of sibling at the campus of transfer request)** \_\_\_\_\_
6.  **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 May 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.

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**OFFICE USE ONLY**

Athletic eligibility will be established at \_\_\_\_\_ High School based on \_\_\_\_\_ address during 8<sup>th</sup> grade year

**\*\*\*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	_____ Executive Director of Student Services    Date
Return Form to Executive Director of Student Services at 241 Pine Street Abilene, TX 79601 You may scan and email to <a href="mailto:kimberly.mannke@abileneisd.org">kimberly.mannke@abileneisd.org</a> or print and fax to 325-794-1321	