ABILENE INDEPENDENT SCHOOL DISTRICT Student ID#_____

IN DISTRICT TRANSFER

SCHOOL YEAR: _____-_____ DATE: _____

Student _____ Grade during transfer year _____ Race_____

Parent/Guardian _____ Address _____ Zip_____

Home/Cell Phone #: _____Work #: _____ Email:_____

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

***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 1st 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.

OFFICE USE ONLY

☐ Athletic eligibility will be established at _____High School based on _____address during 8th grade year

******Forms not signed will not be accepted***

Signature of Parent or Guardian: _____

☐ Approved
☐ Disapproved: ☐ Inconsistent with Local Regulations
☐ Overcrowded conditions
☐ 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 kimberly.mannke@abileneisd.org or print and fax to 325-794-1321