

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 jacqueline.mahar@abileneisd.org or print and fax to 325-794-1321