



REQUEST FOR IN-DISTRICT TRANSFER 2019-2020 (Please Print or Type All Information)

If you are interested in transferring from one elementary campus to another within the boundaries of BISD during school year 2019-2020, please complete this form and return it to your child's current campus no later than Tuesday, April 30. Approval will be based on enrollment and staffing levels in grades PK-3rd.

Student's Name _____ Current Grade _____ 19-20 Grade _____

Current Address _____ Home Telephone _____

City _____ Zip _____

Parent's Name _____ Work Telephone _____

Parent's Email _____

Is the parent an employee of BISD? (Circle one) Yes No Campus or Department _____

Is this student currently enrolled at the requested campus? (Circle one.) Yes No

I request transfer of the above-named child from _____

to (1st choice) _____ (2nd choice) _____ for the 2019-2020 school year for the following reason:

Are you making a request for transfer because you have moved to a new address and you want the student to remain at the current campus? Yes No

Special Programs/Services my child currently receives: _____

If approved, I understand and accept the following:

- Transportation to the requested school is my responsibility.
- My child may be transferred back to the school in his or her attendance zone at any time the class load in the requested school reaches maximum allowed by current administrative guidelines.
- This request is granted conditionally on future behavior, academic effort, and attendance, including tardies.
- It is granted for one year only and must be reviewed each year if continued.
- Falsification of information is a Class A Misdemeanor and can lead to legal action.

Parent/Guardian Signature _____ Date _____

Receiving Principal _____ Approve*

***If unable to approve, please attach supporting documentation.**

Superintendent/Designee _____ Approve Denied

For BISD office use only: Received by _____ Date _____