



Campus: _____
Verified By: _____
Date: _____

**ALIEF INDEPENDENT SCHOOL DISTRICT  
DESIGNATION OF HIGH SCHOOLS FC (LOCAL)**

Once assigned to a District high school through the random draw process, a student in grade 7 shall be eligible to request a transfer to a different high school through the last day of school of the current school year.

Reasons for a transfer request include:

1. An older brother or sister will be in attendance at another high school during the term of attendance of the incoming student.
2. Brothers or sisters or twins, who are members of the same class, are assigned to the same school or to different schools. The District reserves the right to determine to which school the brothers and sisters will be assigned if such a request for transfer is made.
3. An older brother, sister, or parent graduated from the other high school.
4. The custodial parent is currently employed by the District.

The parent/guardian may cancel this request once and will not be eligible for another sibling transfer request.

**PLEASE PRINT CLEARLY:**

Student: \_\_\_\_\_ Student ID# or DOB: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Middle School: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Is student receiving special education? Yes \_\_\_\_\_ No \_\_\_\_\_

High School Randomly Assigned: Elsik \_\_\_\_\_ Hastings \_\_\_\_\_ Taylor \_\_\_\_\_

Older Brother/Sister's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Brother/Sister Attends/Graduated from: Elsik \_\_\_\_\_ Hastings \_\_\_\_\_ Taylor \_\_\_\_\_ Year: \_\_\_\_\_

Parent Name (AISD Graduate): \_\_\_\_\_ Year Graduated: \_\_\_\_\_ Hastings \_\_\_\_\_ Elsik \_\_\_\_\_ Taylor \_\_\_\_\_

Parent Currently Employed by the ALIEF ISD at (Campus/Department): \_\_\_\_\_

School requested: Hastings \_\_\_\_\_ Elsik \_\_\_\_\_ Taylor \_\_\_\_\_

\_\_\_\_\_  
Print Name of Parent

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

P.P.S. OFFICE USE ONLY: Date: _____ APPROVED: _____ DENIED: _____
SIGNATURE: _____