



Secondary In-District Transfer Request

School Year \_\_\_/\_\_\_

Please Print Clearly:

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Home Phone \_\_\_\_\_

SS# or ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_ Zip Code \_\_\_\_\_

School Assigned \_\_\_\_\_ School Requested \_\_\_\_\_

Reason for transfer request\* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Please attach any documentation that would support your reason for this transfer request

If you are an ALIEF ISD employee, please provide the campus/dept. name \_\_\_\_\_

Please initial each of the following statements to indicate understanding and acceptance.

If this transfer is approved:

\_\_\_ I will be responsible for providing transportation to and from school for my child.

\_\_\_ I will ensure punctual arrival, pickup, and regular attendance for my child.

\_\_\_ I understand that approved middle school transfers must be grade appropriate for the school approved.

\_\_\_ I understand that approved high school transfers are valid until graduation.

\_\_\_ I understand that the new school will not allow serious and/or persistent disruptive behavior from the student.

\_\_\_ I must provide two current documents to the new school annually to prove my residency.

\_\_\_ I understand that the student will not be eligible for competitive activities for one (1) year.

\_\_\_ Is your child currently receiving special education services? YES \_\_\_ NO \_\_\_

Type of program/service: \_\_\_\_\_

\_\_\_ Is your child currently receiving special transportation? YES \_\_\_ NO \_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY

[ ] Parent Conference with Principal (High School only, documentation attached)

[ ] Request Approved

[ ] Request Denied (does not meet board policy)

Comments: \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_