



Elementary/Intermediate 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 elementary/intermediate school transfers must be grade appropriate for the school approved.
___ 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.

___ Please check the program in which your child is currently enrolled. Bilingual ___ Dual Language ___ AIMS ___

___ 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

[] Request Approved

[] Request Denied

Comments: _____

Signature _____ Date _____