

**COAHOMA INDEPENDENT SCHOOL DISTRICT
2016-2017 TRANSFER REQUEST FORM**

Please Print

1. Student's Name _____ Transfer Requested for _____ Grade Level
2. Student's Name _____ Transfer Requested for _____ Grade Level
3. Student's Name _____ Transfer Requested for _____ Grade Level
4. Student's Name _____ Transfer Requested for _____ Grade Level

CISD Campus Requested

Student #1 _____ Student #2 _____ Student #3 _____ Student #4 _____

Parent/Guardian's Name: _____ Email Address: _____
Physical Address: _____ City: _____ Zip: _____
Mailing Address: _____ City: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

Reason for Request

- a. ___ Inter-District Transfer – Living outside district boundaries
b. ___ Parent is a CISD Employee
c. ___ Moving out of district, wish to remain in CISD for the rest of the current school year. Date of Move _____
d. ___ Building/Buying a residence in CISD, estimated move-in date _____ (attach contract)

School (campus and district) last attended: Student #1 _____ Student #2 _____
Student #3 _____ Student #4 _____

Documents that may be required for new transfer applications:

1. Most recent report card (Gr.K-12)
2. Test Scores (TAKS/STAAR Assessment) (Gr.4-12)
3. Transcripts (Gr.8-12)

Special Services being provided:

_____ None _____ ESL _____ 504
_____ Speech
_____ Special Education (attach IEP)
_____ Career & Technology
_____ Gifted & Talented

Resident School District _____ (the district in which you live)
Resident School (campus) _____ (the school you would attend if not attending CISD)

SIGNATURES – MUST COMPLETE

I understand that, if approved, the transfer is granted conditionally based on the following criteria: program availability, discipline history, academic performance, and attendance, including tardies. The transfer may be revoked based on Board Policy FDA (LOCAL), to the extent permitted by the law. It is effective for one school year only. I understand that falsification of information is a Class A Misdemeanor and can lead to legal action. I have read and understand the District policy on out-of-district transfers. I agree to abide by all rules and regulations set forth in this policy. I understand that as a transfer student school placement may be changed to accommodate resident students. I have been informed that, in some cases, previously approved transfers may be revoked due to space limitations.

Parent/Guardian Signature _____ Date _____

Please submit the transfer request to the CISD Central Administration Office – 600 North Main St or PO Box 110
Coahoma TX 79511

Received: _____ Approved: _____ Denied: (reason) _____ Date: _____

Administrator's Signature: _____ Title: _____

Date of Notification to Parent/Guardian: _____ Campus Notified: _____

Reason for Denial: 1. Attendance 2. Academics 3. Space/Staff 4. Discipline 5. Program Availability