



Application/Request for Inter-District Transfer

School Year: 2019- 2020

Once a completed Application/Request for Inter-District Transfer including all requested documentation is received, it is sent to the Principal of the appropriate campus for review. Depending upon qualifications and space availability, a decision is made regarding the transfer request. **The parent\guardian will be notified via email or phone call as soon as a decision is made regarding approval or non-approval of the application.**

Student's Name: _____
Last First Middle

Student's Date of Birth: _____ Student's 2019 - 2020 Grade Level : _____ Student Gender: Male Female

Name of home District/Campus: _____

Reason for transfer request: _____

List siblings enrolled in London ISD: _____

Are you employed with London ISD: Yes No

Printed parent or guardian name: _____

Home address: _____
Street Number and Name City Zip Code

Home Phone: _____ Parent/Guardian Work: _____

E-mail Address: _____

Incomplete applications will not be accepted.
(Please check boxes for completed documentation included)
___(1) Copy of current report card with attendance
___(2) Copy of most current STAAR / EOC scores
___(3) Copy of current ARD If child participates in Special Ed

2 References:

Name	Phone	Email

Programs child qualifies for: ___ G/T ___ Dyslexia ___ BIL/ESL ___ Speech ___ SPED ___ 504

Has student passed all sections of STAAR on most recent testing date(s)? Yes No



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Has student attended regularly in previous home district(s)? Yes No

If No, please explain: _____

Has student been assigned to a Disciplinary Alternative Education Program (DAEP) or In-school Suspension (ISS) within the past three years? Yes No If "Yes," please explain: _____

How many schools has student changed within the past three years? _____

Is parent willing to allow the student to be scheduled where space is available? Yes No

If "No" please explain: _____

Please initial by all applicable statements.

_____ I understand that if an application for transfer is approved, the transfer is approved until my child completes the highest grade level at the requested/assigned campus; however, continued yearly approval is based upon criteria set forth in this document and those set forth in *FDA Local Policy*.

_____ If approved for enrollment, I understand that I must contact the assigned school within 10 days of notification of approval in order to receive additional enrollment information from the home/sending campus.

_____ I understand that this transfer, if approved, may be revoked for the following school year if the student fail to abide by the conditions set forth in this Agreement and that the Superintendent or designee may revoke the transfer at the end of the current school year. The Superintendent or designee shall determine, in the Superintendent's or designee's sole discretion, whether such condition(s) are met and/or maintained.

I have read, understand, and agree to be bound and comply with the information set forth in this Application/Request for Inter- District Transfer.

Parent/Guardian Signature

Date

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District Use Only

Superintendent or Superintendent designee

Date

Approved, Transfer approved for the 2019- 2020 school year and is contingent on the aforementioned conditions.

Denied Based on Board Policies.