

SOUTHLAND ISD STUDENT TRANSFER APPLICATION 2009-2010

SECTION TO BE COMPLETED BY PARENT/GUARDIAN

Student's full name: _____ Current Grade: _____ Date of birth: _____

Parent/Guardian name: _____ Student's SS#: _____ Gender: Male Female

Student's ethnicity: White Hispanic Black Asian American Indian

Current address: _____
Address City State zip

Phone: Home: _____ Work: _____ Other: _____

Name of school district where student **currently attends**: _____

Name of school student attended **last year**: _____

Name of school district and campus where student **currently resides**: _____

I have been notified that my student does not reside within the boundaries of the Southland Independent School District and must apply for a transfer in order to attend school in SISD. I am aware that the transfer may not be approved and my child must attend school in the district in which he or she resides. I am also aware that my student's transfer can be revoked at any time due to absences, failure of classes or TAKS, or disciplinary issues.

Parent/Guardian Signature Date

INFORMATION FROM CURRENT SCHOOL

Dates of enrollment: _____ to _____ Number of absences: _____ Number of discipline referrals: _____

Did student pass most recent TPRI/TAKS tests?

Reading yes no score _____ Math yes no score _____

Writing yes no score _____

Student's academic strengths/weaknesses:

Student's behavior patterns:

Signature of school official completing this section Title Date

TO BE COMPLETED BY SOUTHLAND ADMINISTRATION

Transfer approved: _____ Transfer denied: _____ Date: _____

Reasons for denial or other stipulations: _____

Signature of Principal Date