

Bastrop Independent School District Student Services



In-District Transfer Request 2009-2010 School Year

This application is to be used by all parents/guardians in requesting a transfer for their child from one attendance zone to another within the District. **Please print clearly. This form must be completed in full to be considered for a transfer.** The request for transfer must be renewed each school year for the student to remain at the receiving campus.

Ethnic Code: 1. American Indian or Alaskan Native 2. Asian or Pacific Islander 3. Black, not Hispanic
4. Hispanic 5. White, not Hispanic

Name of Student _____ Grade _____ Student Birth Date ____/____/____
Last First Middle Initial for 09-10 Mo. Day Yr

Gender Male Female Age _____ Home Phone () _____ Work Phone () _____
Cell Phone () _____

Parent/Legal Guardian's Name _____
Last First Middle Initial

Residence _____
Street Address City Zip Code

Transfer From _____ to _____
Campus in attendance zone Requested Campus

Reason for Requesting a Transfer

Criteria for Considering Requests

1. Space availability at the campus to which the student has requested to be transferred.
2. Evidence of medical and physical needs of a student (physician letter attached).
3. Program needs of the student and program availability on the campus.
4. Extraordinary family considerations.
5. The student's discipline history.
6. Children of full-time BISD employees
7. After school daycare situations.

SIGNATURE

I understand that, if approved, the transfer is granted conditionally on student behavior, academic effort, attendance including tardies and that the transfer may be revoked. It is effective for one school year only. **I understand that transportation to the requested school is my responsibility.** If the classroom at the campus should become overcrowded, the transfer may be cancelled. This complies with District Policy FDB (local). I understand that falsification of information is a Class A Misdemeanor and can lead to legal action.

Signature of Parent/Legal Guardian

Date

FOR DISTRICT OFFICE USE ONLY

Date Received _____

Approved _____

Denied _____

Superintendent's Signature

Please return by mail or in person to:
Robert Washington, Student Service Coordinator
Bastrop ISD
906 Farm Street
Bastrop, TX 78602

Created 3/10/09

INTRA-DISTRICT STUDENT TRANSFER GUIDELINES

2009-2010

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Transfers will be revoked if attendance or behavior problems occur.

If you have any additional questions, please feel free to contact the Student Services Department at 512-321-2292.