



Laredo Independent School District
Student Transfer Request Form
 School Year _____ - _____

Intra-district (In-District)

- In-district Transfer
- In-district Child of Employee

Inter-district (Out of District)

- Out of district Child of Non Employee
- Out of district Child of Employee

If yes, place of employment: _____

If yes, place of employment: _____

Initiated by Parent/Guardian

Initiated by sending principal

Name of Student: _____

Student ID#: _____

Grade: _____

Parent's or Guardian's Name: _____

Home Address: _____

Zip Code: _____

Subdivision: _____

Home Phone: _____ Work Phone: _____ First Time Transfer Requested: Yes No

School Requested: _____ Sending (Designated) School: _____

Reason for Transfer Request: _____

I understand that if this transfer request is approved, the transfer will remain in effect for the duration of the school year unless otherwise indicated. This transfer may be revoked by the Superintendent or designee for a violation of the Student Code of Conduct (Level II or higher), not meeting attendance goal, not passing classes, or for any lawful reason (See FDB Local). Please note that a transfer may also be revoked or denied due to availability of space. LISD is not responsible for providing transportation for any transfer student.

Parent's Signature

Recom
mendat
ion

Date

Signature of Receiving Principal

Date

*Signature of Sending Principal (Inter-district-No Signature Required)

Date

Comments: _____

Signature of Superintendent/Designee

Date

Comments: _____

* Student withdrawal form must be on file.

** Note: You may appeal the decision at the office of Elementary Education at 273-1742 or Secondary Education at 273-1740.

Completed Student Transfer Request Form must be submitted by September 12th.