

ALED0 ISD IN-DISTRICT TRANSFER REQUEST

The granting of a transfer off of the home campus is an extremely rare occurrence and will be based solely on an identified educational need of the child and space available. Transfers will be considered on an individual student basis only.

Name of student	Age	Grade
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Last school attended (2016-2017)	Home campus per attendance zone (2017-2018)
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Parent

Address	Home phone
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E-mail address

Request reassignment

From _____ (2017-18 School assigned to attend))

To _____ (School requesting to attend)

Educational reasons for requesting reassignment (attach additional pages if needed):

This request for an In-District reassignment is made with a full understanding of/and agreement to the following conditions:

1. Reassignments will be made subject to space being available in the student’s grade level. In order to effectively evaluate class loads district-wide, transfers will not be reviewed for approval until the end of the first week of instruction.
2. Transportation shall be provided by the student’s family.
3. Approved transfers are for one school year only. The request for an In-District transfer must be resubmitted each school year.

Signature of parent	Date
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Approved Not Approved

Reason

Date

Superintendent or designee