



2019-2020 PK Request Student Transfer

Application may be delivered, mailed, faxed or emailed to the Office of Early Literacy (kristicobb@misdmail.org)

ALL SECTIONS AND INFORMATION MUST BE COMPLETELY AND ACCURATELY FILLED OUT FOR CONSIDERATION.

[Application Deadline – July 15, 2019 or within 30 days of new MISD employee assignment, if applicable.]

STUDENT

_____	_____	_____	_____	_____
Last	First	MI	Student's Date of Birth	Student ID #
_____			_____	_____
# Street		Apt.	City	State ZIP
_____		Grade Level for 2018-2019 school year: _____	Current school attendance zone: _____	
Telephone _____				

PARENT/GUARDIAN INFORMATION

_____	_____	_____	_____
Father	Telephone	Mother	Telephone
_____		_____	
Street	Apt.	Street	Apt.
_____	_____	_____	_____
City	State Zip	City	State Zip

STUDENT INFORMATION

III	Is the student Special Education?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Is the student ESL?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Is the student 504?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Is this a student of a district employee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Failure to complete STUDENT INFORMATION completely and accurately may be cause for denial or revocation of the transfer.

Employment Location _____ Employment Title _____ Date Hired: _____

If the employee's residence is outside of MISD, employee must attach must a copy of County/District Form.

IV A. I am requesting a **transfer** to _____ campus. B. Email: _____

V *A person who knowingly falsifies information on this form required for the student's enrollment in the district will be liable to the district for tuition costs, as provided in Education Code 25.001(h), if the student is not eligible for enrollment on the basis of false information. In addition, presenting false information or false records is a criminal offense under Penal Code 37.10.*

The District shall not be required to provide transportation to students on intra-district or inter-district transfers. FDA and FDB (LOCAL) Policy

Parent Signature Date

CENTRAL ADMINISTRATION
OFFICE USE ONLY:

Approved **Not approved**

UIL/Extracurricular Ineligible
_____ **to** _____

Central Administration Date



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- **This transfer is valid for the 2019-2020 school year only. Kindergarten students will be required to submit a new request for the 2019-2019 school year to the Office of Student Services.**
- **The District shall not be required to provide transportation to students on transfers.**
- Transfer students may be returned to their home campuses in order to reestablish enrollment balance if an unexpected increase in enrollment on the campus occurs.
- The Mansfield Independent School District reserves the right to limit or to restrict Transfers to any campus.
- All approved Transfers are conditional. Students attending schools on any type of Transfer may have their transfer revoked per FDA and FDB (LOCAL) Policy.

SPECIFIC REASON(S) a TRANSFER is BEING REQUESTED
