

AZLE INDEPENDENT SCHOOL DISTRICT

Intra District Transfer Request

Return to Zoned Campus

Are you new to the District: YES/ NO (CIRCLE ONE)

Date of Application: _____

Student Name: _____

Student Date of Birth _____

Student Social Security Number _____

Previous Grade _____

Student Address/Mailing Address: _____

City, State, Zip: _____

Please mark any special programs that your child is currently in or may need:

Gifted and Talented

Dyslexia

Bilingual

ESL

Career and Technology

504

Special Education

Speech

School attendance zone where student resides: _____ School requested: _____

Reason for requesting reassignment (use back if necessary): _____

Mother/Guardian Name: _____ Email _____

Mailing Address: _____ City, State, Zip _____

Home Phone: _____ Cell Phone: _____

AISD Campus where employed if applicable _____

Father/Guardian Name: _____ Email _____

Mailing Address: _____ City, State, Zip _____

Home Phone: _____ Cell Phone: _____

AISD Campus where employed if applicable _____

Additional documents may be required

Current and/or Previous School Year Report Card / Transcript

Current and/or Previous Year Discipline Record

Current and/or Previous Attendance Record

Current and/or Previous STAAR or Standardized Test Results

Signature of Parent/Guardian

Note: Student must be approved before being transferred. All reassignment requests are approved for one (1) school year. A student desiring to remain at the reassigned campus must re-apply each school year (before the set deadline of May 1, of each year). Forms should be submitted to the zoned campus for review. If transfer is approved, transportation is the responsibility of the parent. In accordance with the District's innovation plan, violation of the terms of the agreement may result in revocation of the agreement during the school year, or may result in a transfer request not being approved the following year.

FDA (LOCAL)

FOR CAMPUS USE ONLY

_____ APPROVED

_____ DENIED

_____ PENDING

Comments: _____

Zoned Campus Principal: _____ Date: _____

Requested Campus Principal: _____ Date: _____