



APPLICATION FOR STUDENT TRANSFER

HOUSTON INDEPENDENT SCHOOL DISTRICT

4400 W. 18th Street
Houston, Texas 77092-8501

Student Name (Last, First, Middle Initial)

Date of Birth

Student ID Number

Address, City, State, Zip

Phone Number

Parent/Guardian Name

To which school/program is the transfer requested? (Please check one only)

- Academy of Electronic Engineering Technology at Furr
- Academy of Pharmacy Technology at Long
- Academy of Process Technology at Kashmere
- Academy of Network & Computer Administration at Scarborough
- Academy of Logistics and Global Supply at Sterling
- Academy of Manufacturing Engineering Technology at Washington
- Academy of Health Sciences at Westside
- Academies at Jones

Transfer Request for current year?

Transfer Request for Next year?

Grade for school year of application:

School district in which student resides

School district would attend in that district

School last attended

District

School Year

Did student use a transfer last semester?

Yes

No

If yes, to which school?

Signature below certifies that all the information above is true and accurate to the best of my knowledge. If an application is granted based on false information, it is subject to revocation. I understand that I am making a one year commitment and that the student is ineligible to transfer to a different program for one year.

Signature of Parent or Legal Guardian

SCHOOL USE ONLY—DO NOT WRITE BELOW THIS LINE

Receiving Principal's Recommendation

Granted

Denied

Signature of Receiving Principal

Date

TRANSFER DEPARTMENT ONLY—DO NOT WRITE BELOW THIS LINE

Granted

Denied

Reason for Denial:

Signature of Student Transfer Department

Date