



**Fort Bend Independent School District**  
**Prekindergarten Transfer Application (In or Out of District)**  
**School Year 2024-25**



**Download, complete, and email this form to [PreKProgram@fortbendisd.com](mailto:PreKProgram@fortbendisd.com) for processing if you are:**

- An FBISD resident whose child qualified for Pre-K child and needs a campus transfer (*request to be processed in June 2024*),
- An FBISD employee who resides out-of-district whose child qualifies for Pre-K and wants to attend a Pre-K campus in FBISD, or
- An FBISD employee who resides in the district whose child qualifies for Pre-K and needs a campus transfer.

Ensure that the campus ADA processing the application signs the second page of this form after verifying that at least one of the qualification criteria has been met. Please provide supporting documentation for verification when needed.

<b><u>STUDENT'S NAME:</u></b>		<b>LAST</b>	<b>FIRST</b>	<b>MIDDLE</b>
<b><u>CURRENT STREET ADDRESS OF STUDENT'S RESIDENCE (No P.O. Boxes, please):</u></b>			<b><u>DATE OF BIRTH:</u></b>	<b><u>HOME OR MOBILE PHONE:</u></b>
<b><u>CITY:</u></b>	<b><u>STATE:</u></b>	<b><u>ZIP CODE:</u></b>	<b><u>CURRENT DISTRICT:</u></b>	
<b><u>NAME OF PARENT(S)/GUARDIAN(S):</u></b>		<b><u>DAY CONTACT PHONE NUMBER:</u></b>	<b><u>EMAIL:</u></b>	
<b><u>STUDENT'S CURRENT CAMPUS:</u></b>		<b><u>REQUESTED SCHOOL - (Refer to <a href="http://fortbendisd.com/PreK">fortbendisd.com/PreK</a> for PreK campuses)</u></b>		
		1 <sup>st</sup> Choice _____ 2 <sup>nd</sup> Choice _____		
<b><u>The parent is an employee of FBISD:</u></b>		<b><u>The student will participate in the Tuition PreK Program:</u></b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b><u>The student is currently receiving the following services:</u></b>				
<input type="checkbox"/> Special Education <input type="checkbox"/> Other: _____				

REASON FOR REQUEST	REASONS FOR DENIAL/REVOCATION
Please state the reason(s) for requesting a school transfer for your Prekindergarten child. Keep in mind that Prekindergarten students in FBISD do not receive district transportation services at any campus.  <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	Reasons for denying or revoking the transfer shall include, but are not limited to: <ol style="list-style-type: none"> <li>1. Campus or grade level does not have available seats based on current and/or projected enrollment.</li> <li>2. Documented patterns of late arrivals, late pick-ups, and/or poor attendance.</li> <li>3. Failure to provide information or documentation required by the district.</li> <li>4. Other _____</li> </ol> <hr/> <hr/> <hr/>

**Terms of the Student Prekindergarten Transfer Agreement**

1. The parent for whom a Prekindergarten Transfer is approved must provide transportation to and from school for the student.
2. An approved Prekindergarten Transfer is for the school year requested.
3. Only one approved Prekindergarten Transfer for a student will be allowed per school year. Transfers for subsequent school years need to be filled with Student Affairs.
4. Prekindergarten Transfer students must follow the *Student Code of Conduct*.
5. Prekindergarten Transfer may be revoked for serious or persistent misconduct.
6. A Prekindergarten Transfer may be revoked at any time if overcrowding occurs at the receiving campus or in the receiving campus' grade level.

**PARENT/GUARDIAN STATEMENT AND SIGNATURE SECTION**

In signing this form, the parent or person standing in parental relation to the student confirms that he/she has read and understands the information contained within this form and that all the information provided to the district for enrollment is true/accurate. In signing this form, the parent also agrees to all the conditions set forth within the student transfer process as stated on this form.

**SIGNATURE OF PARENT/LEGAL GUARDIAN**

**DATE**

**FOR DISTRICT USE ONLY**

Address _____ Verified _____  <input type="checkbox"/> E-mail	<b><u>EC APPROVAL SIGNATURE AND DATE</u></b>	<b><u>EC DENIAL SIGNATURE AND DATE</u></b>
<b>Does the student meet eligibility? Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>  <b>FBISD Employee Tuition base?</b> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b><u>Please check the qualifiers:</u></b>  <b>Income</b> <input type="checkbox"/> <b>Language</b> <input type="checkbox"/> <b>Homeless</b> <input type="checkbox"/> <b>Foster care</b> <input type="checkbox"/> <b>Military</b> <input type="checkbox"/> <b>Star of Texas</b> <input type="checkbox"/>	<b><u>Verified by:</u></b>   
<b><u>APPROVED TO:</u></b> <b>(CAMPUS)</b>		<b><u>REASON FOR DENIAL</u></b>

**PERMIT CODES**

- \_\_\_\_\_ PKE (Non-residence tuition-based employee).
- \_\_\_\_\_ PKO (Non-residence tuition-free employee).
- \_\_\_\_\_ PKQ (The employee is a resident of FBISD and qualifies for tuition-free but wants to attend another FBISD campus).
- \_\_\_\_\_ PKR (When the student is attending Reese Early Lab).
- \_\_\_\_\_ PKS (Student Affairs has approved an older sibling to attend the PK campus of their PK sibling).
- \_\_\_\_\_ PRK (FBISD Resident has been approved to attend another PK campus that is not their zoned or overflow campus).