

PERMIT CODE: CAT

*Fort Bend Independent School District*  
**2017-18 GENERAL STUDENT TRANSFER APPLICATION – K-12 CHANGE OF ADDRESS**

**PLEASE PRINT** information; complete all sections; sign; and date. This application applies to currently enrolled K-12 FBISD students who have moved to a new residence within FBISD after the start of the 2017-18 school year. A transfer may be approved for one semester unless in 12<sup>th</sup> grade. A student **will not be eligible** for this transfer if enrolled in FBISD on a Power of Attorney, Dual Resident, or Intent to Reside.

STUDENT'S Full Name: Last		First	MI	STUDENT ID#
PARENT'S Full Name: Last		First	M I	
NEW RESIDENCE STREET ADDRESS		APT #	STUDENT'S BIRTH DATE	2017-18 GRADE LEVEL
NEW CITY AND ZIP CODE:	HOME PHONE:	WORK/CELL PHONE	E-MAIL ADDRESS	
DATE OF NEW CHANGE OF ADDRESS:	APPROVED SERVICES STUDENT RECEIVES (i.e., ESL, 504, G/T, special education)			NEW ZONED SCHOOL
Student's Current Campus	PREVIOUS FBISD RESIDENCE ADDRESS "prior to this request" (street address, city & zip code):			

**General Student Transfer Agreement**

I have provided to the campus the required supporting documentation (**recently signed lease/mortgage agreement and utility bill**) regarding my change of address for \_\_\_\_\_ (*print child's full name*) with the acknowledgement of an agreement to abide by the statements listed below. In signing this application, I agree that all of the information I am providing to FBISD is true and accurate and that I agree to all of the conditions set forth within this application, all those written in District procedures, and all School Board policy governing Student Transfers.

1. If approved, this transfer may be revoked for documented attendance (less than 90 percent as stipulated by TEA, truancy citations, warnings or unexcused absences, excessive tardies, late arrivals and departure/pickups); and/or discipline issues (suspensions or placement in DAEP).
2. Only one approved transfer will be allowed per school year for my child; however, my child may return to his/her zoned school.
3. The falsification of any information provided on this application or on my child's school registration documents will be grounds for denying and/or revoking this application.
4. I am responsible for my child's transportation to/from school if this transfer application is approved.
5. I am aware that my child may only be approved for one semester, unless he/she is in the 12<sup>th</sup> grade.
6. I am aware that I must provide updated and complete information on this application for it to be processed for consideration.
7. I am aware that I must provide change of address information on all students I have who are attending FBISD schools.
8. If my child is a high school student, I understand that he/she will not be eligible for UIL-varsity level athletics for one calendar year from his/her date of enrollment at the approved FBISD high school **if he/she was not enrolled at the approved school all of last school year and at the beginning of this school year.**

**Acknowledgement Statement and Parent/Legal Guardian Signature**

I confirm by my signature below that I have read and acknowledge the information related to the FBISD transfer application process, as well as items 1-8 listed above under *General Student Transfer Agreement*. In signing this form, I also agree to all of the conditions set forth within the student transfer process as stated on this form, in District procedures, and in School Board policies.

Signature of Parent/Legal Guardian:	Date:
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**SPACE BELOW FOR DISTRICT USE ONLY**

<b>CAMPUS VERIFIED</b> Address <input type="checkbox"/> Attendance <input type="checkbox"/> Discipline <input type="checkbox"/> Special Services <input type="checkbox"/> _____	<input type="checkbox"/> <b>APPROVAL</b> <input type="checkbox"/> <b>DENIAL</b> <input type="checkbox"/> <b>1<sup>st</sup> Semester</b> <input type="checkbox"/> <b>All Year</b> <input type="checkbox"/> <b>Probationary</b>	<b>PRINCIPAL'S SIGNATURE</b>	<b>DATE:</b>
<b>DATE/INITIAL</b> _____	<b>COMMENT(S)</b>		