

PERMIT CODE: OTO

*Fort Bend Independent School District*

**2018-19 GENERAL STUDENT TRANSFER APPLICATION – 10th-12th CHANGE OF ADDRESS: One Time Option**

**PLEASE PRINT** information; complete all sections; sign; and date. This application applies to current enrolled high school students, with at least **sophomore status or higher**, who have moved to a new residence **within FBISD boundaries**. The “One Time Option” allows the student to remain on their current campus for the duration of their high school career.

STUDENT'S Full Name: Last		First		MI	STUDENT ID#:
PARENT'S Full Name: Last		First		MI	
NEW RESIDENCE STREET ADDRESS:			APT #:	STUDENT'S BIRTH DATE:	2018-19 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 I must provide updated and complete information on this application for it to be processed for consideration.
6. I am aware that I must provide change of address information on all students I have who are attending FBISD schools.

**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 1-6 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:

**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"/> _____  DATE/INITIAL _____	<input type="checkbox"/> <b>APPROVAL</b> <input type="checkbox"/> <b>DENIAL</b>  <input type="checkbox"/> <b>All Year</b> <input type="checkbox"/> <b>Probationary</b>	<b>PRINCIPAL'S SIGNATURE</b>   	<b>DATE:</b>   
	<b>COMMENT(S)</b>   		