

**HIGH SCHOOL
PUBLIC EDUCATION GRANT (PEG)
2024-2025 IN-DISTRICT SCHOOL TRANSFER REQUEST**

ACKNOWLEDGEMENT: I have received/read the Public Education Grant (PEG) communication regarding Willowridge High School (WHS) and understand that I may request a transfer for my child to attend either Marshall High School, Kempner High School, or Crawford High School (**available to rising 9th and 10th graders only**) during the 2024-2025 school year. This transfer request must be completed and returned to the Department of Student Affairs. You may send your completed transfer request application to Student.Affairs@fortbendisd.com. There must be an application on file for each student in which a transfer request is applicable.

I understand that it is my right to request a transfer to a school designated by the district that has not been identified as a PEG campus during 2024-2025. I understand that I will be responsible for my child's transportation to and from the selected campus. I also understand that this transfer expires upon any of the following three conditions:

- *Completion of all grades offered by the campus upon which eligibility was originally based*
- *Removal of the campus from the PEG list*
- *Assignment of the student to a campus that is not on the PEG list as a result of redrawn attendance boundaries or student movement into a different attendance area*

Therefore, based on the above acknowledgement and by signing and submitting this form, I request a transfer for my child to attend: First Choice _____ Second Choice _____ Third Choice _____ (note: choices are limited to Marshall HS, Kempner HS, and Crawford HS) during the 2024-2025 school year. Crawford High School is only available to rising 9th and 10th grade students at this time. I understand that once this form has been approved, my child must enroll at the approved campus either by the first day of school or within 30 school days from the date of my child's first day of attendance at Willowridge High School during the 2024-25 school year.

NAME OF STUDENT: _____ ID# _____ 2024/25 GRADE LEVEL: _____

NAME OF PARENT/GUARDIAN: _____

PARENT/GUARDIAN Email Address _____

HOME STREET ADDRESS: _____ CITY: _____ ZIP CODE: _____

HOME PHONE NUMBER: () _____ WORK/CELLULAR PHONE: () _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

A District response to your request for a school transfer will be provided to you after receipt of this form in the office designated below. **Please Note:** Transportation to/from the requested school is the sole responsibility of the parent. **District transportation will not be provided.**

INSTRUCTIONS: Please return this completed and signed form to the office or email listed below or to request a PEG transfer for the 2024-2025 school year.

Department of Student Affairs
Fort Bend Independent School District
16431 Lexington Boulevard – Suite 101
Sugar Land, Texas 77479
Tel.: 281-327-2829/Fax: 281-327-2830
Student.Affairs@fortbendisd.com

ADMIN USE ONLY...Residence/Enrollment Verified: _____

APPROVAL _____ **DENIAL** _____ **If denied, list reason** _____

SIGNATURE _____ **DATE** _____