Out-of-	DEPENDENT SCHOOL DISTR -District (Open Enrollment) ent Transfer Request Form 2021 - 2022	ICT
Please Check All That Apply: District Emplo	oyee New Transfer Request	Continuing Transfer
All transfer request forms need to be su	ubmitted to the Intake/Student En	gagement Department
All students requesting an Out of District transfer n request form must be submitted for each child requ		
Child's full legal name (First, Middle, Last and Suffix Note: Texas Law requires school systems changed in court, please ensure the name y	to use the name on the child's birt	- ·
Name of Student:	ID#	
D.O.B.: Gr	ade Level 2021-2022:	
Physical Address:	City:	Zip:
Mailing Address:	City:	Zip:
Name of parent or legal guardian:		
Phone number(s):		
□ I confirm the above address represents the legal parents or guardians who use a fraudulent address other costs or fees under Texas law.	-	
School District in which Student Resides:	School Zoned t	o Residence:
Donna ISD Campus Requested:		
 Please check here if child for whom this transfer is An IEP and receives special education services Been assigned or pending assignment to the D Been referred to Truancy Court due to unexcus Is on Probation Will be involved in Athletics/Extra Curricular action 	iscipline Alternative Education Prog sed absences	gram (DAEP Campus)
Employee Information: (Please complete the follow Name of Parent/Legal Guardian: Campus/Department employed at:		
FDB (EXHIBIT-A)		Form OOD-English

Requested Campus (If different from above): _____

Student transfers will be handled on a case-by-case basis; only legitimate parent requests will be considered. It will be the parent/guardian's responsibility to provide transportation for the students if a campus transfer is honored.

NOTE: Any inaccurate contact information at the time of processing may result in the inability to process your request.

 \Box I have read and agreed on the above terms and conditions. I understand that if approved, the transfer is granted conditionally on student attendance including tardies, behavior, academic effort and that the transfer may be revoked. (*Policy FDB – Local*) I understand that I must submit a copy of my child's attendance and disciplinary record from the last school my child attended. I also understand that transportation to the requested school is my responsibility.

Signature of parent or legal guardian: _		Date:	
STEP 1: REQUESTED CAMPUS APPROV	AL 🗆 AP	PROVED DENIED	
Comments/conditions from receiving Pr	incipal:		
Requested Campus Principal Signature:			
Date:			
STEP 2: FINAL APPROVAL Form Submitted to Central Office:		Date:	
Superintendent's or Designee's Signatu	re:	Date:	
STEP 3: DATA ENTRY	Transferred entered into TEAMS:	Date:	