

**DONNA INDEPENDENT SCHOOL DISTRICT**

**2024-2025 CAMPUS TRANSFER REQUEST**

(Includes all current 5<sup>th</sup> and 8<sup>th</sup> grade students and any student requesting to transfer to a different campus)

Timeline to submit: March 18 – May 31, 2024

**Please Check All That Apply:**

**New Transfer**

**Continuing Transfer Request**

**In-District Employee**

**Campus must submit transfer request forms to the Intake/Student Engagement Department Office**

All students requesting an in-district transfer must complete a transfer request form every year. A separate transfer request form must be completed for each child requesting a transfer within the district.

Child's full legal name (*First, Middle, Last and Suffix (if applicable)*)

**Note:** Texas Law requires school systems to use the name on the child's birth certificate or name legally changed in court, please ensure the name you have entered below meets these requirements.

Name of Student: \_\_\_\_\_ ID# \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Grade Level 2024-2025 : \_\_\_\_\_

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 residence of this child's parent or legal guardian. I understand that parents or guardians who use a fraudulent address for enrollment may be subject to restitution to the school district or other costs or fees under Texas law.

**Home Campus Name:** \_\_\_\_\_ **Requested Campus Name:** \_\_\_\_\_

Is student an Athlete  Yes  No; Is student a Cheerleader  YES  NO

**Comments:** \_\_\_\_\_

Is student a Dancer  Yes  No; Is student in Band  YES  No

**Comments:** \_\_\_\_\_

Students allowed to transfer shall be subject to UIL eligibility rules for participation in UIL activities. It shall be the responsibility of the student/parent to determine the effect of his or her transfer on UIL eligibility status. This rule should be reviewed with campus administration, athletics or fine arts director if the student participates in UIL.

**Transfers will be based on the following criteria:**

Is Parent/Legal Guardian employed with Donna ISD?  YES  NO **If yes, then complete information below:**

Name of Parent/Legal Guardian: \_\_\_\_\_

Campus/Department employed at: \_\_\_\_\_

Other (*please specify reason for transfer request*): \_\_\_\_\_

Student transfers will be decided 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.

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 transportation to the requested school is my responsibility.

Signature of parent or legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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**STEP 1: CURRENT CAMPUS APPROVAL (New & Continuing Transfer Request)**  **APPROVED**  **DENIED**

Principal's Comments: \_\_\_\_\_

**CURRENT** Campus Principal Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**STEP 2: REQUESTED CAMPUS APPROVAL (New Transfer Request Only)**  **APPROVED**  **DENIED**

Principal's Comments: \_\_\_\_\_

**REQUESTED** Campus Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**STEP 3: FINAL APPROVAL** Form Submitted to Central Office: Date: \_\_\_\_\_

**APPROVED**  **DENIED**

Superintendent's or Designee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**STEP 4: DATA ENTRY** Transferred entered into TEAMS: Date: \_\_\_\_\_