

**Southwest Independent School District
In-District Student Transfer Request Form
2017-2018 School Year**

(please check one)

In-district transfer request for 2017-2018 _____
In-district transfer renewal for 2017-2018 _____

Student Name _____ 2017-2018 Grade _____

Address _____ City, Zip _____

Parent Name _____ Phone _____

Transfer from _____ to _____
home campus receiving campus

Reason for transfer request _____

This in-district transfer request is made with a full understanding of and agreement to the following conditions:

1. Request shall be made subject to space being available in the student's grade level. _____
initials
2. If student's reassigned classroom(s) become overcrowded, the transfer may be canceled. _____
initials
3. The transferred student must maintain a good attendance record, good conduct, and good citizenship grades or the transfer may be canceled. _____
initials
4. TRANSPORTATION WILL NOT BE PROVIDED BY THE SCHOOL DISTRICT. _____
initials
5. **The SRG0400 (waterfall) has been reviewed.** _____
initials

This request for transfer must be renewed each school year in order for the student to remain at the receiving school. _____
initials

Parent signature _____ Date _____

() approved () not approved

() approved () not approved

Reason: _____

Reason: _____

Home Campus Principal Signature

Receiving Campus Principal Signature

Date

Date

**NOTE:
COMPLETED FORM MUST BE SUBMITTED TO MR. RODRIGUEZ, DEPUTY SUPT.**