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.