



MILES ISD APPLICATION FOR TRANSFER

1. Transfer request for school year **2019-20**. *If application is being made for a student that has moved out of the district during the current school year, please provide date residency was established out of district. DATE _____*
New applicants for transfer need to attach most recent report card.

2. Student's Full Name _____ Grade _____

3. Social Security # : XXX-XX-_____ Date of Birth _____ Sex: _____ Ethnicity _____
(Last four digits)

4. Student's Physical Address _____

5. Student's Mailing Address _____

6. Contact information: Home Phone: _____ Cell Phone: _____

7. With whom does student live? Mother Father Both Other _____

8. Is parent/legal guardian an employee of Miles ISD: Yes No

9. School district in which student resides: _____ Campus _____

10. School student last attended: _____ District _____

11. Give specific reason why you are requesting a transfer to Miles ISD.

12. Within the last 12 months, has student been expelled from school or removed to an alternative education program, such as in-school suspension for violations of school policy and the student code of conduct? Yes If yes, explain the offense leading to expulsion or removal No

13. I certify that all the information is true and accurate to the best of my knowledge. I understand that if a transfer is granted on false information, it is subject to revocation. I also understand that the transfer application is for the specified school year only and that transfer may be revoked for any reason including overcrowding, attendance, or discipline issues (violations of Board policy or the Student Code of Conduct). The District shall not accept responsibility for providing transportation for transfer students, except as provided by law or policy.

Signature: _____ Printed Name: _____
Parent or Legal Guardian

For Completion by Superintendent
The above transfer was approved denied on this _____ day of _____ 20____.
Signature of Superintendent _____