

CANYON INDEPENDENT SCHOOL DISTRICT
ELEMENTARY
INDISTRICT TRANSFER REQUEST
 2017-2018

Please Print

Student's Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Home campus: _____ Request transfer to: _____

2017-2018 Grade Level: _____

District and Campus attended prior year: _____

Reason for transfer request: _____

Siblings who also attend CISD-Name _____ Grade _____ School _____

Name _____ Grade _____ School _____

Parent is district employee: Yes No if yes, campus employed at: _____

Please read and sign:

1. Indistrict transfers are allowed on a space available basis only. Currently, state law mandates a maximum class size of 22 students in grades K-4th. Approvals for indistrict transfers may not occur until the day before school begins or even as late as the end of the first week of school.
2. Students may not register or attend classes without an approved transfer form. Until this form is approved at the district level, the students must attend their home campus.
3. To be eligible for an indistrict transfer, the student must meet these qualifying requirements:
 - a. Appropriate attendance.
 - b. Grades of at least 70 in all classes.
 - c. Passing scores on all of the most recent state assessments.
 - d. Excellent behavior.
4. The principal may send the student back to the home campus if the campus reaches capacity or if the student fails to maintain the qualifying criteria listed above.
5. Only one student may be listed on this form. Since indistrict transfers are approved according to available space, siblings may or may not be approved to attend the same campus or feeder campuses.
6. Indistrict transfers are approved for one school year only and must be renewed each year with an application. Approval during one school year does not guarantee approval the following school year.
7. Once students transfer, they are expected to stay at that campus for the entire year.
8. Students/parents must provide their own transportation.

Parent/Guardian's Name (Please Print): _____

Parent/Guardian's Signature: _____ Date: _____

Daytime phone: _____ Home phone: _____ Cell phone: _____

Receiving Principal: _____ Date: _____ Approved Denied

Rationale: _____

District Signature: _____ Date: _____ Approved Denied