

**COAHOMA INDEPENDENT SCHOOL DISTRICT  
2024-2025 TRANSFER REQUEST FORM**

**Please Print**

1. Student's Name \_\_\_\_\_ Transfer Requested for \_\_\_\_\_ Grade Level \_\_\_\_\_

2. Student's Name \_\_\_\_\_ Transfer Requested for \_\_\_\_\_ Grade Level \_\_\_\_\_

3. Student's Name \_\_\_\_\_ Transfer Requested for \_\_\_\_\_ Grade Level \_\_\_\_\_

4. Student's Name \_\_\_\_\_ Transfer Requested for \_\_\_\_\_ Grade Level \_\_\_\_\_

**CISD Campus Requested**

Student #1 \_\_\_\_\_ Student #2 \_\_\_\_\_ Student #3 \_\_\_\_\_ Student #4 \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Reason for Request**

- a. ☐ Inter-District Transfer – Living outside district boundaries
- b. ☐ Parent is a CISD Employee
- c. ☐ Moving out of district, wish to remain in CISD for the rest of the current school year. Date of Move \_\_\_\_\_
- d. ☐ Building/Buying a residence in CISD, estimated move-in date \_\_\_\_\_ (attach contract)

**School (campus and district) last attended:** Student #1 \_\_\_\_\_ Student #2 \_\_\_\_\_  
Student #3 \_\_\_\_\_ Student #4 \_\_\_\_\_

**Documents that may be required for new transfer applications:**

- 1. Most recent report card (Gr.K-12)
- 2. Test Scores (TAKS/STAAR Assessment) (Gr.4-12)
- 3. Transcripts (Gr.8-12)

**Special Services being provided:**

\_\_\_\_\_ None \_\_\_\_\_ ESL \_\_\_\_\_ 504  
\_\_\_\_\_ Speech  
\_\_\_\_\_ Special Education (attach IEP)  
\_\_\_\_\_ Career & Technology  
\_\_\_\_\_ Gifted & Talented

Resident School District \_\_\_\_\_ (the district in which you live)  
Resident School (campus) \_\_\_\_\_ (the school you would attend if not attending CISD)

**SIGNATURES – MUST COMPLETE**

I understand that, if approved, the transfer is granted conditionally based on the following criteria: program availability, discipline history, academic performance, and attendance, including tardies. The transfer may be revoked based on Board Policy FDA (LOCAL), to the extent permitted by the law. It is effective for one school year only. I understand that falsification of information is a Class A Misdemeanor and can lead to legal action. I have read and understand the District policy on out-of-district transfers. I agree to abide by all rules and regulations set forth in this policy. I understand that as a transfer student school placement may be changed to accommodate resident students. I have been informed that, in some cases, previously approved transfers may be revoked due to space limitations.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please submit the transfer request to the CISD Central Administration Office – 600 North Main St or PO Box 110 Coahoma TX 79511**

Received: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: (reason) \_\_\_\_\_ Date: \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date of Notification to Parent/Guardian: \_\_\_\_\_ Campus Notified: \_\_\_\_\_

Reason for Denial: 1. Attendance 2. Academics 3. Space/Staff 4. Discipline 5. Program Availability