

Intra District Transfer

(Campus-to-Campus)

This section to be completed by parent/guardian:	Date
Student Name:	ID Number:
Address:	Phone #:
Date of Birth: Age: Current Grad	de Level:
School Year for which request is being made:	
Parent/Guardian Name:	
Home Phone: Work Phone:	
Reason for transfer request:	
Parent/Guardian Signature:	Date:
This section to be completed by campus principal(s): Both the transferring and receiving principals have to approve	e the transfer before it is granted.
Transferring Campus:	Approved:YesNo
Transferred by:	Date:
Transferred by:(Principal's Signature)	
Receiving Campus:	
Receiving Campus:	Approved:YesNo Date:
Receiving Campus:	Approved:YesNo Date:
Receiving Campus:	Approved:YesNo Date: Support Services department: Emmaleta.Clark@desotoisd.co attendance, discipline, achievement of the student, and coopera
Received by: (Principal's Signature) (Principal's Signature) E: Parents and students are to assume responsibility for satisfactory the school staff while at the transfer school. When these responsibility	Approved:YesNo
Received by: (Principal's Signature) (Princi	Approved:YesNo