

STUDENT IN-DISTRICT TRANSFER REQUEST

GRANBURY ISD

2021-2022

Employee () Yes () No

PARENTS PLEASE PRINT IN TOP BOX

Grade Level for 2021-2022 school year _____

Students Name _____ Date of Birth _____

Home Address _____ Home Phone # _____

City _____ State _____ Zip Code _____

Father's Name _____ Day Phone _____

Mother's Name _____ Day Phone _____

Guardian (if other than parent) _____ Day Phone _____

School Wishing to Transfer into: _____

Reasons for requesting transfer (continue on back if necessary) _____

I am applying for an in-district transfer. I understand that excessive tardies, absences or significant discipline problems may result in this transfer being revoked or not approved for the following school year. I also understand that I am responsible for transportation to and from school.

Parent's Signature

Date

****Campus Office Must Complete

Years attended requested Campus _____

Attendance Zone Presently Living In _____

Grade Level for 2020-2021 school year (LAST YEAR) _____ # of absences: _____

Student's PEIMS ID# _____ # of tardies: _____

Approved _____ Date: _____

Principal's Signature

Disapproved Reason for Disapproval _____

Approved _____ Date _____

Asst. Superintendent

Disapproved

Original must be sent to the Assistant Superintendent's office after receiving principal's review

Revised 06/28/2021