

APPLICATION FOR STUDENT TRANSFER
Ore City Independent School District
School Year 2020-2021

STUDENT INFORMATION

Student Name: _____
 First Middle Last
Race: Hispanic or Latino Am.Indian Black or African American Native Hawaiian or Pacific Islander White
Date of Birth: _____ Age: ____ Gender: M F Grade Level: _____
Student Physical Address: _____ City: _____ Zip Code: _____
Student Lives with: Mother Father Both Other (Name/Relationship): _____
Name of Parent/Guardian: _____
Mailing Address: _____ City: _____ Zip Code: _____
Resident Phone: _____ Business Phone: _____ Cell Phone: _____
Is Parent/Guardian an OCISD Employee? Yes No

TRANSFER INFORMATION

District of Current Residence	Name of Campus of Current Residence	Name of Last School Attended

Signature below certifies that all the information above is true and accurate to the best of my knowledge. I understand that I am making a one-year commitment. Transfers must be renewed each year.

Signature of (Check One): Parent Guardian* Legal Guardian* Date

*If you are the guardian or legal custodian, please attach a copy of the court ordered custody agreement.

SECTION TO BE COMPLETED BY RECEIVING DISTRICT PRINCIPAL

Recommendation: Granted Denied on this ____ day of _____, 20____.

Principal's Signature _____

List reason(s) for denial: _____

SECTION TO BE COMPLETED BY DISTRICT SUPERINTENDENT

Transfer is: Granted Denied on this ____ day of _____, 20____.

Signature of Superintendent: _____