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: _____