ADMISSIONS AND ATTENDANCE INTRADISTRICT TRANSFERS

ECTOR COUNTY INDEPENDENT SCHOOL DISTRICT 802 North Sam Houston Odessa, Texas

APPLICATION FOR STUDENT TRANSFER APPEAL HEARING

I certify that the student for who I am requesting this transfer resides within the boundaries of the Ector County Independent School District._____*Parent Initial*

Notice to the possibility for revocation shall be given upon application for an intra-district transfer.

Parent initial:

_____Please note: No transportation will be provided with this type of transfer.

Reason for which the District may revoke any intra-district transfer shall include:

Parent initial: 1. Use of false information to obtain the transfer.	4. Excessive tardiness.
2. Lack of parent support.	5. Irregular attendance.
3. Persistent student misconduct.	6. Failure by the parent to pick up the student at dismissal tim
Date:	Student ID #
Name of Parent/Guardian:	
Home Address of Parent/Guardian:	Zip Code:
Telephone (Home) (Cell)	(Work)
Name of Student:	EthnicGrade:
University Interscholastic League Participation: Activities:	
Request transfer from:	ne School)
То:	,
Reason given for transfer request:	
	Signature of Parent/Guardian
OFFICE USE ONLY: The Student Transfer Appeals Committee/Designee met and considered yo decision is as follows:	our application for the transfer of your child/children. Their
APPROVED [] REJECTED [] Approved For Current School Year Only	Date

20_____- 20 _____

Committee Chairman/ Designee

DATE ISSUED: 12/05/00 LDU 1205.00 FDB(EXHIBIT)B

REVIEWED: 11/16/05

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