2024-2025 Leonard ISD Transfer Application

Please submit one form per student and return to your campus office by April 29.

Student's Name:_____ 2024-25 Grade Level:_____

Current Grade Level:_____ Student's Gender: M   F   Date of Birth:_____

Last 4 Digits of SS#:_____ Current School/District Attending:_____

Parent/Guardian Names:_____

Parent Cell Phone:_____ Parent E-mail:_____

Physical Address:_____ City_____ Zip_____

Mailing Address:_____ City_____ Zip_____

Resident School District (In what school district do you currently reside?):_____

Siblings (Grade and District They Attend):_____

During the current school year and previous year, did the student:

1.	Have an overall attendance rate of 90% or higher?	Yes_____	No_____
2.	Pass all classes the last two years?	Yes_____	No_____
3.	Pass all sections of the STAAR (or equivalent assessment if applicable)?	Yes_____	No_____
4.	Remain in good disciplinary standing (no DAEP, no more than 1 day of ISS)?	Yes_____	No_____

If you would like to include additional information on any of the above, please attach a separate letter of explanation.

FIRST-TIME TRANSFER REQUESTS ONLY (Transfer students currently attending LISD schools may skip to the signature section at bottom). Required Documents: (Must be attached with this application.)

____1. Most recent report card

____2. Test scores (Most recent STAAR or if K-2, use DRA, DIBELS, ITBS, OLSAT, TPRI, etc.)

____3. Documentation of attendance and discipline records

____4. Transcript (High School Students Only)

Reason for Transfer Request:_____ Special Services Provided:_____

THIS INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT TRANSFERS ARE GOVERNED BY BOARD POLICY FDA (LOCAL) AND ARE EVALUATED BASED ON THE FOLLOWING CRITERIA: PROGRAM AVAILABILITY, CLASS SIZE, DISCIPLINE HISTORY, ACADEMIC PERFORMANCE AND ATTENDANCE. I ALSO UNDERSTAND THAT TRANSFERS ARE APPROVED FOR ONE SCHOOL YEAR AT A TIME AND THAT I MUST REAPPLY EACH SCHOOL YEAR BY COMPLETING A TRANSFER APPLICATION FOR APPROVAL. A TRANSFER MAY BE REVOKED AT ANY TIME DURING THE SCHOOL YEAR IF THE STUDENT NO LONGER MEETS REQUIREMENTS. FALSIFICATION OF INFORMATION IS A CLASS A MISDEMEANOR AND CAN LEAD TO LEGAL ACTION.

Parent/Guardian Signature:_____ Date:_____

OFFICE USE ONLY – Principal:_____ Approved__ Denied__ Reason:_____

Superintendent:_____ Approved__ Denied__ Reason:_____

Date Parent/Guardian Notified:_____ Letter/E-mail_____ Phone_____ Other_____

PLEASE SUBMIT ONE FORM PER STUDENT