

PLAINVIEW INDEPENDENT SCHOOL DISTRICT
EMPLOYEE APPLICATION FOR ZONE TRANSFER OF STUDENTS
2019-2020 SCHOOL YEAR

Date: _____

Print Name of Student: (as it appears on **Birth Certificate**) _____

Race: _____ Birth date: _____ Grade for **2019-2020** school year: _____

Circle the sex of your child: Male or Female

School Attendance Zone (based on current address): _____

School to which transfer is requested: _____

Check reason(s) for requesting transfer:

_____ Keep siblings together on the same campus (**add their name below**)

Please list any brothers or sisters that will be/are attending the requested school for the 19-20 school year below:

Sibling's name	Grade
_____	_____
_____	_____
_____	_____

_____ Other, reason: _____

Please **check** any of the following special programs your child is or may be enrolled in:

_____ Bilingual; _____ Gifted/Talented; _____ Special Education; _____ Speech; _____ Dyslexia

Print parent(s) name: _____

Parent(s) **Signature:** _____

Current Physical Address: _____

Home Phone Number: _____ Work/Cell Phone Number: _____

(All transfer requests must be received by July 31, 2019 at the Administration Office.)

For Office Use Only

Action of Transfer Committee: _____ Approved _____ Disapproved

Reason: _____

It is the policy of Plainview Independent School District not to discriminate on the basis of race, color, national origin, sex handicap, or age.