



INDEPENDENT SCHOOL DISTRICT

PREK STUDENT TRANSFER APPLICATION

2024-25 School Year

Refer to Policies FDA (Local) and FDB (Local) for specific information on district transfer policy
Email form to jennifer.haddad@dsisdtx.us.

Student Name: Last				First	
Date of Birth (mm/dd/yyyy):		Gender: Male Female		District Employee: Yes No	
Current Address (include city, state, zip):				Phone #:	
Parent Name:			Email Address:		
Currently reside <i>outside</i> DSISD attendance boundary <ul style="list-style-type: none">School district student would attend if not transferring:Campus student would attend if not transferring:		Currently reside <i>in</i> DSISD attendance boundary Campus student would attend if not transferring: Dripping Springs ES Cypress Springs ES Rooster Springs ES Sycamore Springs ES Walnut Springs ES			
OR					
Requested DSISD Campus					
Dripping Springs ES		Rooster Springs ES		Walnut Springs ES	
Cypress Springs ES		Sycamore Springs ES			

Agreement to Conditions:

This request is made with the full understanding of an agreement with the following conditions:

- The request for transfer must be renewed each school year for the student to remain at the receiving school.
- In approving transfers, the superintendent or designee shall consider availability of space and instructional staff, the student's disciplinary history, and attendance records.
- The District accepts NO responsibility for transportation of a transfer student, except as provided by statute or policy.
- Students approved for transfer must follow all rules and regulations of the district, including those for conduct and attendance; a violation of the District's rules and regulations may result in revocation of the transfer.

Parent/Guardian Signature:	Date:
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For Office Use Only

Verification of Employment:

Transfer Approved

Transfer Denied