



**APPLICATION FOR TRANSFER  
2017 - 2018  
(One Form per Family)**

**This section must be completed by parent or guardian:**  
 I have been informed of the receiving district's policy concerning tuition charges, if any, and I accept responsibility for the payment of tuition. I further understand that transfers into Marion ISD are considered on a case by case basis as determined by available space (below 90% capacity in grade level or program impacted) and dependent upon my child meeting established standards in grades, attendance and behavior.

Printed Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Student's Name	Currently Resides In Co. Dist. No    Campus No.	Grade	Marion ISD Campus No.

**THIS SECTION TO BE COMPLETED BY THE RECEIVING CAMPUS ADMINISTRATOR**

The above transfer(s) was approved / denied on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Administrator Signature: \_\_\_\_\_