



REQUEST FOR STUDENT TRANSFER

2017-2018

~Please fill out form completely~

(ONE FORM PER CHILD)



Date: _____

Student Name: _____
First Last

Address: _____
Street City State ZIP

Date of Birth : _____(mm/dd/yy)

Grade Level student will be entering at Marion ISD: _____

School District Student Resides In: _____

School Student would be attending in that District: _____(MUST be answered)

Did student attend a District other than District of Residence for the prior year?

Yes No If yes; District/School: _____

Contact information for Administrator at the school most recently attended:

Name Phone

Does your child have any issues with grades, behavior, attendance, etc.?

If so, please describe below:

DOCUMENTATION REQUIRED:

- ✓ Copy of most recent report card showing grades and attendance.
- ✓ Copy of most recent standardized testing report (STAAR).