# REQUEST FOR STUDENT TRANSFER

## 2019-2020

*~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)