

**CYPRESS-FAIRBANKS I.S.D.  
NEW TRANSFER REQUEST 2011-2012**

Parent/Guardian: Please submit this completed transfer application, along with a \$25.00 **non-refundable** fee (check or money order payable to Cypress-Fairbanks I.S.D.), **to the campus registrar**. You will be notified of the status of the request within 10 business days after receipt of the transfer application and fee. Transfers are valid for the current school year and must be renewed on a yearly basis. Renewal is contingent upon attendance and discipline. The district does not provide bus transportation for transfer students. Transfer students in grades nine through twelve are ineligible to participate in varsity athletics for one year from the first day of attendance at the requested campus. If a student with an approved transfer is withdrawn from the requested campus, the transfer will not be in effect if the student re-enrolls in the district. Future transfers for siblings to attend the same requested campus are dependent on the open/closed status for a specific school year.

DATE: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_

STUDENT'S LAST	FIRST	M.I.	HOME CAMPUS (school zoned to):
CURRENT ADDRESS:		CITY:	ZIP:
NAME OF SUBDIVISION OR APARTMENT COMPLEX:			
<b>REQUESTED CAMPUS:</b>			

**REASON FOR REQUEST: (check one)**

**Moved Out of Attendance Zone after June 1, 2011 (within CFISD)**  
 Students currently in grades 4, 7, 10 & 11 are eligible to renew their transfer for the 2012-2013 school year. Students in all other grade levels must return to their home campus for the 2012-2013 school year. Please attach verification of new address (i.e. utility bill, lease agreement, closing documents).

**Child of a NEW CFISD Full-Time Employee**  
 We will only accept transfer requests for children of newly-hired employees or employees who have been reassigned after June 1, 2011. Please attach verification of employment (i.e. copy of ID badge, contract, bus route schedule).

2011-2012 Building Assignment: \_\_\_\_\_

	I RESIDE <b>INSIDE</b> CFISD	
	I RESIDE <b>OUTSIDE</b> CFISD	School district I reside in: _____

**Extenuating Circumstances (due to the health or physical safety of the student while at school)**  
 Please describe the extenuating circumstances on the attached document.

<i>PARENT/GUARDIAN: My signature affirms that I have read and fully understand this information and agree to the stipulations stated above. I also understand that there are civil and criminal penalties for knowingly providing false information that could result in criminal sanctions and reimbursement.</i>	
Print Name: _____	Signature: _____
Phone number: _____	<b>EMAIL ADDRESS:</b> _____

*Office of Student Admissions, Attendance, and Transfers: (281) 517-6342, [www.cfisd.net](http://www.cfisd.net) ("Departments" and "Admissions")*

**FOR OFFICE USE ONLY:**

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ Transfer #: \_\_\_\_\_, DIRECTOR OF TRANSFERS  
 PAYMENT RECEIVED: Cash \$ \_\_\_\_\_ Receipt # \_\_\_\_\_ Check # \_\_\_\_\_ Fee Waived \_\_\_\_\_ Date Notified: \_\_\_\_\_ E P I