

CYPRESS-FAIRBANKS I.S.D.
 NEW TRANSFER REQUEST 2011—2012
 Moving Into the Attendance Zone

Parent/Guardian: Please complete this transfer application and follow step I or II below. The district does not provide bus transportation for transfer students.

- I. **If you currently reside inside Cypress-Fairbanks Independent School District,** please submit this transfer application, a \$25.00 non-refundable fee (check or money order payable to Cypress-Fairbanks I.S.D), and proof of residency (see below) to the ***campus registrar***.
- II. **If you currently reside outside of the school district boundaries,** please submit this transfer application, tuition*, and proof of residency (see below) to the ***Office of Student Admissions, Attendance, and Transfers*** (10494 Jones Road, Suite 104, Houston, TX, 77065).

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:			
REQUESTED CAMPUS:			

NEW RESIDENCE

ESTIMATED MOVE-IN DATE: *(must be within 18 weeks from the date of enrollment)* _____

Please attach a letter from the builder, a contract agreement, or an executed lease.

CURRENT RESIDENCE

I currently reside: (check one)

<input type="checkbox"/>	INSIDE CFISD
<input type="checkbox"/>	OUTSIDE CFISD

School district I currently reside in: _____

Please attach current proof of residency (i.e. utility bill, lease agreement)

*TUITION: If you currently live outside of the school district boundaries, tuition will be assessed (\$35/day) and must be paid in advance.

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.*

Print Name: _____ Signature: _____

Phone Number: _____ E-MAIL ADDRESS: _____

FOR OFFICE USE ONLY:

APPROVED _____ DENIED _____ Transfer # _____, DIRECTOR OF TRANSFERS

PAYMENT RECEIVED: Cash \$ _____ Receipt # _____ Check # _____ Fee Waived _____ Date Processed: _____