

CYPRESS-FAIRBANKS I.S.D.
DISTRICT TRANSFER FOR NEW REQUESTS
SPRING 2010

Parent/Guardian: Please drop off or mail 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 Cy-Fair Annex- Office of Student Admissions, Attendance, & Transfers, 22602 Hempstead Highway, Cypress, Texas, 77429. Phone: 281-517-6342. You will be notified of the status of the request within 10 days after receipt of this transfer application and fee. A transfer may be revoked or not renewed by the building principal. The district does not provide bus transportation for transfer students. Transfer students in grades nine through twelve generally are ineligible to participate in varsity athletics for one year from the first day of attendance at the requested campus.

DATE: _____ STUDENT ID: _____ GRADE LEVEL: _____

STUDENT'S NAME:

Form with fields: LAST, FIRST, M.I., HOME CAMPUS (school zoned to); CURRENT ADDRESS, CITY, ZIP; NAME OF SUBDIVISION OR APARTMENT COMPLEX; REQUESTED CAMPUS: (Your request will be considered; however, if approved, the District will make a final decision on campus placement.)

REASON FOR REQUEST: (check one)

- Moved Out of Attendance Zone (after August 24, 2009)
Mid-Year Transfer- Cypress Ranch High School ONLY. Student must not have received a Discipline Alternative Education Placement (DAEP) during the first semester of the 2009-2010 school year and/or have loss of credit due to excessive absences during the first semester of 2009-2010. 9th GRADE CLOSED!!
CFISD Full-Time Employee Please attach verification of employment (i.e. copy of ID badge, bus route schedule)
Extenuating Circumstances (ONLY due to the health or physical safety of the student while at school)

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: _____

Hm. Phone: _____ Wk: _____ Cell: _____

EMAIL ADDRESS: _____

FOR OFFICE USE ONLY:

APPROVED _____ DENIED _____ DATE: _____

SIGNATURE OF DIRECTOR OF STUDENT ADMISSIONS, ATTENDANCE & TRANSFERS

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