

CYPRESS-FAIRBANKS I.S.D.
 DISTRICT TRANSFER FOR NEW REQUESTS
 2009—2010

Parent/Guardian: Please 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 **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:

LAST	FIRST	M.I.	HOME CAMPUS (school zoned to):
CURRENT ADDRESS:		CITY:	ZIP:
NAME OF SUBDIVISION OR APARTMENT COMPLEX:			
REQUESTED CAMPUS:			

REASON FOR REQUEST: (check one)

Moved Out of Attendance Zone (after August 24, 2009)

Students currently in grades 4, 7, 10 & 11 are eligible to renew their transfer for the 2010-2011 school year. Students in all other grade levels must return to their home campus for the 2010-2011 school year. Please attach verification of new address (i.e. utility bill, lease agreement, closing documents)

CFISD Full-Time Employee Please attach verification of employment (i.e. copy of ID badge, bus route schedule)

Current Building/School of Employment: _____

	I RESIDE INSIDE CFISD (INTRA)	
	I RESIDE OUTSIDE CFISD (INTER)	School district I reside in: _____

Extenuating Circumstances (ONLY due to the health or physical safety of the student while at school)

Please explain the reason for the request. Attach additional documents, as needed.

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: _____