FDB – Intra District High School Transfer Request EXHIBIT B

Denton ISD Regulation Date: 07/28/2015 Related Policy Code: FDB

This application is to be used by all parents/guardians in requesting a transfer for their child from one high school to another within the Denton ISD. The form must be complete to be considered for transfer.

Transfer requests MUST be submitted to the Denton ISD Student Support Services 230 N Mayhill Rd.

Denton, Te	xas 762	08 by Ap	ril 15 th .					•	
High School Assigned				Current School			Requested School		
Denton ISD ID #						Current Grade Level			
Student's Full Name									
Street Address, City, State, Zip									
Parent's /Guardian (Print Name)									
Home Phone					Work Phone				
Email Address									
					CHOOSE	ONE			
	Student has been or will have been continuously enrolled at requested school for one school year at end of current semester and wishes to remain at current school.								one
		Student will have an older sibling attending the requested school.							
		Student wishes to participate in the International Baccalaureate Diploma Program offered only at DHS.							
	Studen	Student's parent works at the requested campus.							
Name Pare	ent's Full					cation osition			
		Please	e list nai	me(s) and I	D number	(s) of older/ you	nger sibling(s)	
Student's Full Name							Denton ISD	ID#	
Student's Full Name							Denton ISD	ID#	
Student's Full Name							Denton ISD	ID#	
Student's Full Name							Denton ISD	ID#	

Each request will be considered on its own merits and decisions shall be based on District policy, available space, and demographic balance of the student population. In the case of all transfers, the parent is responsible for providing transportation. Transfers may be revoked by the building principal in the event of excessive tardiness, irregular attendance, and/or persistent misconduct. Unless revoked, a high school transfer is approved until the student graduates. An intra-district transfer can have serious implications on eligibility for UIL varsity athletics. Any restrictions will be noted on transfer approvals.

I have read and understand the guidelines stated above and approve of this request for transfer. I understand that, after the Intra-District High School Transfer Committee meets during the last week of April, I will be notified of their decision by letter.

Parent/Guardian's	Date	

OFFICIAL USE ONLY									
Date Received	Notification Date								
Academic Programs Decision	Approve	Deny							
Committee Decision	Approve	Deny							
Comments									
	Director of St	udent							
Approved By	Title Support Serv	vices Date							