

# Elgin Independent School District Intra-District Transfer Request Contract

Date Received
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Student's Name	Grade
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Local Campus to which you are seeking enrollment	Attendance Area Campus
Parent's Name	E-mail Address
Address	City, State and ZIP
Home Telephone	Work Telephone

Reason(s) for Request

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My child is in the following programs:

- Special Education     G / T     Dyslexia     504     ESL     Bilingual     LEP

The principal of the receiving school may deny a transfer request if any of the following exists:

1. Receiving school becomes potentially overcrowded.
2. Either the sending or receiving principal disagrees with the transfer.
3. The parent/guardian cannot furnish transportation.

A transfer may be revoked if the following conditions can no longer be met.  
Parent must agree to all conditions by initialing each and signing below:

- \_\_\_\_\_ 1. I understand that I am responsible for delivering my child to the above campus on time and for picking up my child as soon as the school day is completed. If I do not keep this commitment, my child will be transferred back to the home campus.
- \_\_\_\_\_ 2. I understand that if the campus becomes overcrowded, my child will be subject to transfer back to the home campus.
- \_\_\_\_\_ 3. I understand that if my child becomes a discipline problem my child will be transferred back to the home campus.
- \_\_\_\_\_ 4. I understand that I must reapply and meet the necessary conditions annually.

Transfers are available as space allows.

Parent Signature	Date
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**For School Use Only**

Date Application Rec'd	Sending Principal's Signature	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Date Application Rec'd	Receiving Principal's Signature	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Date Application Rec'd	Asst. Superintendent's Signature	