

## CLINT INDEPENDENT SCHOOL DISTRICT OUT OF DISTRICT TRANSFER APPLICATION

2019-20 School Year Requested (Valid One School Year Only) □ New Application

Please Print Student Name:			Grade (ne	ext year):	Date of Birth	1:	ID#	
		Name:						
Resident Campus I County-District # (c	ircle one):	Anthony ISD 071-906; Ca cock 115-901; San Elizario IS		71-907; El P		2; Fabens I		 71-905
Parent/Guardian:	Last			First				
Home Address:	Street			City/Zip				
Mailing Address:	Street			City/Zip				
Home Phone #:		Work #:			Cell #:			
1. Reason for T	ransfer (c	heck one): A student may not t	transfer for a	thletic purpos	es (UIL, C&CR	Section 443	)	
■ Employee	Child			☐ Senior st junior year	udent whose cha	ange in resid	lence took place	after the
		ent Care- child(ren) is/are less 5 days a week for at least 4 hou			other than custod		litary child place ay continue atte	
Other (plea	se explain)	):						
		CISI	) EMPLOY	YEES ONLY	Y			
		Employee Campus/Dept.:						
		Employee Name:						
		Employee Position:						
		Full-time employment:	l Yes	□ No				
		No tuition fee is required for c	children of ful	l-time employe	es			
2. Parents must	t include tl	he following documents for th	he most rece	nt academic s	school year:	<u>_</u>		
□ Repor	t Card/Trai	nscript $\square$	Attendance	Record		□ Discipl	ine Record	
• The district will no • <mark>Deadline to subm</mark>		transportation. • Tran  applications for the upcoming		e renewed ever				
and with the intent knowingly falsifies	that it be records is	ommits an offense if he/she m taken as a genuine record. I subject to the maximum tuit de, Section 25.001(h)].	n addition to	the penalty	provided by Se	ction 37.10	(Penal Code), a	n person w
Step #1 Parent's	Signature						Date	
Step #2 Principal	of Receiv	ving Campus Room av	ailability:	□ Yes □ 1	No 🗖 .	Approved	□ Denied	
Signature/Date:				Comment:				
Step #3 Assistan	t Superint	endent of Administrative Se	ervices	□ A	pproved		Denied	
Signature/Date				Comment:_				