



**Adrian Independent School District**  
**Transfer Application**  
**2018-2019**

For Office Use Only

Date Received:

Interview Date:

Interview Time:

NAME OF STUDENT:

PARENT(S)/GUARDIAN(S):

ADDRESS:

PHONE NUMBER:

EMAIL:

REFERRED BY:

DATE OF BIRTH:

AGE:

SEX:

MALE

FEMALE

DISTRICT OF RESIDENCE:

CURRENT SCHOOL:

CURRENT GRADE LEVEL (if summer, grade level just completed)

Please list extracurricular activities:

Please list any discipline issues:

Reason requesting transfer:

By signing below, I am verifying that all the information in this application is accurate.

**Student's Signature:**

**Date:**

I hereby consent to the release of my child's academic records and personal data for the purpose of determining acceptance to the Adrian independent School District.

**Parent's Signature:**

**Date:**