

Adrian Independent School District

Transfer Application



2016-2017

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: (circle one) MALE FEMALE

DISTRICT OF RESIDENCE: _____

SCHOOL CURRENTLY ATTENDING: _____ GRADE LEVEL: _____

Please attach a copy of the following items:

- ____ Most Recent Report Card
- ____ Most Recent Test Scores
- ____ Copy of Immunization Records
- ____ Copy of Parent's Driver's License
- ____ Copy of Birth Certificate
- ____ Copy of Social Security Card
- ____ Proof of Residency (bill with physical address)

Please list extracurricular activities:

(If additional space is needed, please continue on back of form or additional page)

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:** _____