2024-2025 Leonard ISD Transfer Application

Please submit one form per student and return to your campus office by April 29.

tudent's Name: 2024-25 Grade Level:			
Current Grade Level: Student's Gender: M F Date of Birth:			
Last 4 Digits of SS#:	Current School/District Attendin	ng:	<u></u>
Parent/Guardian Names:			•
Parent Cell Phone:	Parent E-mail:		
Physical Address:	City Zip		
Mailing Address:	City	Zip	
Resident School District (In what s	chool district do you currently reside?):		
Siblings (Grade and District They A	uttend):		
During the current school year and	d previous year, did the student:		
 Have an overall atte 	endance rate of 90% or higher?	١	Yes No
Pass all classes the l	last two years?		Yes No
Pass all sections of t	the STAAR (or equivalent assessment if appl	licable)?	Yes No
4. Remain in good disc	ciplinary standing (no DAEP, no more than 1	day of ISS)?	Yes No
If you would like to include addition	onal information on any of the above, please	e attach a separate	letter of explanation.
	ONLY (Transfer students currently attending	=	skip to the signature section
at bottom). Required Documents:	: (Must be attached with this application.)		
1. Most recent report card			
2. Test scores (Most recent ST/	AAR or if K-2, use DRA, DIBELS, ITBS, OLSAT	, TPRI, etc.)	
3. Documentation of attendan	ce and discipline records		
4. Transcript (High School Stud	lents Only)		
Reason for Transfer Request:	Special Se	rvices Provided:	
ARE GOVERNED BY BOARD POLICY AVAILABILITY, CLASS SIZE, DISCIPLI TRANSFERS ARE APPROVED FOR O COMPLETING A TRANSFER APPLIC	AND ACCURATE TO THE BEST OF MY KNOW FDA (LOCAL) AND ARE EVALUATED BASED OF THE HISTORY, ACADEMIC PERFORMANCE AND THAT I MISTORY FOR APPROVAL. A TRANSFER MAY BE LONGER MEETS REQUIREMENTS. FALSIFIC	ON THE FOLLOWING D ATTENDANCE. I A UST REAPPLY EACH E REVOKED AT ANY	G CRITERIA: PROGRAM ALSO UNDERSTAND THAT SCHOOL YEAR BY TIME DURING THE
MISDEMEANOR AND CAN LEAD TO			
Parent/Guardian Signature:		Date:	-
OFFICE USE ONLY – Principal:	Approved De	nied Reason:	
Superintendent:	Approved Denied Reason		
Date Parent/Guardian Notified:	Letter/E-mail	Phone O	ther

PLEASE SUBMIT ONE FORM PER STUDENT