

2025-2026 Leonard ISD Transfer Application

Student's Name: _____ 2025-26 Grade Level: _____

Current Grade Level: _____ Student's Gender: M F Date of Birth: _____

Last 4 Digits of SS#: _____ Current School/District Attending: _____

Parent/Guardian Names: _____

Parent Cell Phone: _____ Parent E-mail: _____

Physical Address: _____ City _____ Zip _____

Mailing Address: _____ City _____ Zip _____

Resident School District (In what school district do you currently reside?): _____

Siblings (Grade and District They Attend): _____

During the current school year and previous year, did the student:

- | | | |
|---|-----------|----------|
| 1. Have an overall attendance rate of 90% or higher? | Yes _____ | No _____ |
| 2. Pass all classes the last two years? | Yes _____ | No _____ |
| 3. Pass all sections of the STAAR (or equivalent assessment if applicable)? | Yes _____ | No _____ |
| 4. Remain in good disciplinary standing (no DAEP, no more than 1 day of ISS)? | Yes _____ | No _____ |

If you would like to include additional information on any of the above, please attach a separate letter of explanation.

FIRST-TIME TRANSFER REQUESTS ONLY (Transfer students currently attending LISD schools may 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 STAAR or if K-2, use DRA, DIBELS, ITBS, OLSAT, TPRI, etc.)**

___ **3. Documentation of attendance and discipline records**

___ **4. Transcript (High School Students Only)**

Reason for Transfer Request: _____ **Special Services Provided:** _____

THIS INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT TRANSFERS ARE GOVERNED BY BOARD POLICY FDA (LOCAL) AND ARE EVALUATED BASED ON THE FOLLOWING CRITERIA: PROGRAM AVAILABILITY, CLASS SIZE, DISCIPLINE HISTORY, ACADEMIC PERFORMANCE AND ATTENDANCE. I ALSO UNDERSTAND THAT TRANSFERS ARE APPROVED FOR ONE SCHOOL YEAR AT A TIME AND THAT I MUST REAPPLY EACH SCHOOL YEAR BY COMPLETING A TRANSFER APPLICATION FOR APPROVAL. A TRANSFER MAY BE REVOKED AT ANY TIME DURING THE SCHOOL YEAR IF THE STUDENT NO LONGER MEETS REQUIREMENTS. FALSIFICATION OF INFORMATION IS A CLASS A MISDEMEANOR AND CAN LEAD TO LEGAL ACTION.

Parent/Guardian Signature: _____ Date: _____

OFFICE USE ONLY – Principal: _____ **Approved** ___ **Denied** ___ **Reason:** _____

Superintendent: _____ **Approved** ___ **Denied** ___ **Reason:** _____

Date Parent/Guardian Notified: _____ **Letter/E-mail** _____ **Phone** _____ **Other** _____

PLEASE SUBMIT ONE FORM PER STUDENT AND RETURN TO YOUR CAMPUS OFFICE BY APRIL 30.