

Cushing Independent School District

1088 W. Bearkat Drive Cushing, Texas 75760

Phone: (936) 326-4890

Fax: (936) 326-4115



Application for Out-of-District Transfer

PLEASE PRINT

School year: _____ Student Grade level: _____ NEW RENEWAL

For new transfers, please attach most recent report card, testing record, attendance, and discipline (if applicable)

Student Name: _____ Race: _____
Last First

Date of Birth: _____ Age: _____ Sex: Male Female

Current address of parent/guardian:

Address City State Zip

With whom does the student reside? Both parents Mother Father Other

Father's Name: _____ Mother's Name: _____

Father Phone/Cell: _____ Mother Phone/Cell: _____

Is Parent/Guardian an employee of Cushing ISD? YES NO Which Campus? _____

School district in which student resides: _____

Did student use a transfer last semester? YES NO

If YES, District _____ Campus _____

Give specific reason why student is requesting a transfer to CISD: _____

By signing below, I certify that all information given above is true and accurate to the best of my knowledge. If a transfer is granted on falsified information, it is subject to revocation. I understand that I am making a one-year commitment. Transfers must be renewed each year.

Signature of Parent/Guardian: X _____

To be completed by school official:

The above transfer is APPROVED DENIED _____

Superintendent



CUSHING ISD

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Phone: (936) 326-4890 ~ Fax: (936) 326-4115
www.cushingisd.org

Dear Parent or Guardian,

Thank you so much for your interest in transferring your student(s) to Cushing ISD. In order to ensure your child's success at Cushing ISD there are certain criteria that is required by all transferring students.

1. No prior or current Attendance issues. (Documentation Attached) _____yes _____no
2. No prior or current Discipline issues. (Documentation Attached) _____yes _____no
3. Adequate grades on current Report Card/Transcript. (Documentation Attached) _____yes _____no
4. Transferring student must have a "passing standard" on all current STATE ASSESSMENTS. (Documentation Attached) _____yes _____no
5. All transfers are at the discretion of CISD.

By signing below, I have read and understood the above criteria for my student's transfer request and acknowledge the above criteria must be met in order to enroll and/or continue enrollment at Cushing ISD.

(Parent/Guardian Signature)

(Date)

/

(CISD Campus Administrator Signature) (CISD Superintendent Signature)

(Date)

(Please attach to Student Transfer Request form)

Preparing for Success - Every Student, Every Day