

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

Michael S. Davis, Superintendent

CUSHING ISD

1088 W.Bearkat Drive ~ Cushing, Texas 75760-0337
Phone: (936) 326-4234 ~ Fax: (936) 326-4265
www.cushingisd.org

Michael Davis- Superintendent



Dear Parent or Guardian,
Thank you so much for your interest in transferring your student/students into 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)