See the following pages for forms that may be used by the District regarding intradistrict transfers and classroom assignments:

Exhibit A: Intradistrict Transfer Request — 2 pages
Exhibit B: Parent Request for Classroom or Intradistrict Transfer For Student Who Is a Victim of Bullying — 2 pages
Exhibit C: Recommendation to the Board Regarding Classroom or Intradistrict Transfer of a Student Who Engaged In Bullying — 2 pages

**Note:** For bullying rising to the level of prohibited harassment, see FFH. For all other bullying, see FFI. For school safety transfers, see FDE. For additional information regarding the transfer of a student who is the victim of bullying or who engaged in bullying, including a student who receives special education services, see FDB.
EXHIBIT A: INTRADISTRICT TRANSFER REQUEST

Name of Student ___________________________ Age ______ Grade______

Current school ____________________________________________

Parent _______________________________________________________

Address ______________________________________ Home phone ______

Request Intradistrict transfer:
From: ____________________________ (Current school)
To: ____________________________ (Receiving school)
Date reassignment requested: __________
*Reason for requesting Intradistrict transfer: __________________________________________________________

*Attach additional documentation to justify request for intradistrict transfer

I understand this request for an intradistrict transfer is made with a full understanding of, and agreement to, the following conditions:

1. Intradistrict transfers will be made subject to space being available in the student’s grade level.

2. If the student’s reassigned classrooms should become overcrowded, the intradistrict transfer may be canceled.

3. The transferred student must maintain a good attendance record and good conduct grades or the reassignment may be revoked.

4. Except as provided by law, the District will not provide transportation.

5. Unless granted a waiver by UIL, intradistrict transfer students will not be eligible to participate in any VARSITY UIL activity, or any other VARSITY activity governed by UIL rules and regulations whether or not under UIL sanctions, for a period of one year beginning with the date of enrollment in the receiving school.

6. By signing this form, the parent and each principal involved provide written assurance that the intradistrict transfer is not for the purpose of participating in any UIL activity or any other activity governed by UIL rules and regulations, whether or not under UIL sanctions, and that no recruiting or tampering has occurred in violation of UIL rules.

7. This request for intradistrict transfer will be reviewed each year and can be revoked.
Signature of parent

_________________________

Date

☐ Approved     ☐ Not Approved*

*Reason for denial: ______________________________________________________

________________________________________________________

________________________________________________________

The undersigned principals hereby certify compliance with item 6 of this request.

___________________________________  __________________________________

Principal—current school                               Date

___________________________________  __________________________________

Principal—receiving school                       Date

___________________________________  __________________________________

Superintendent or designee                           Date
EXHIBIT B

PARENT REQUEST FOR CLASSROOM OR INTRADISTRICT TRANSFER FOR STUDENT WHO IS A VICTIM OF BULLYING

**Note:** For the transfer of a student who is the victim of bullying or who engaged in bullying, including a student who receives special education services, see FDB in the local policy manual. For school safety transfers, see FDE. For bullying rising to the level of prohibited harassment, see FFH. For all other bullying, see FFI.

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Name of student __________________________ Age ______ Grade ______

Current school ____________________________________________

Parent ____________________________________________________

Address __________________________ Home phone ____________

Has an investigation been completed that confirms this student was a victim of bullying?

☐ Yes ☐ No

Does the student receive special education services?

☐ Yes ☐ No

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Request reassignment

From: ___________________________ (Current classroom)

To: ____________________________ (Receiving classroom)

OR

From: ___________________________ (Current school)

To: ____________________________ (Receiving school)
Date reassignment requested __________

Reason for requesting reassignment (attach supporting documents): ________________

This request for an in-District reassignment is made with a full understanding of, and agreement to, the following conditions:

1. Except as provided by law, the District will not provide transportation.

2. Unless granted a waiver by UIL, reassigned students will not be eligible to participate in any VARSITY UIL activity, or any other VARSITY activity governed by UIL rules and regulations whether or not under UIL sanctions, for a period of one year beginning with the date of enrollment in the receiving school. Ineligibility means that the student may not participate in rehearsals, workouts, or practices.

3. By signing this form, the parent and District official approving the transfer provide written assurance that the reassignment is not for the purpose of participating in any UIL activity, or any other activity governed by UIL rules and regulations, whether or not under UIL sanctions, and that no recruiting or tampering has occurred in violation of UIL rules and regulations.

______________________________________________
Signature of parent

______________________________________________
Date

☐ Approved          ☐ Not Approved*

*Reason: ________________________________________________

______________________________________________

______________________________________________

______________________________________________

______________________________________________

______________________________________________

______________________________________________

______________________________________________

______________________________________________

______________________________________________

______________________________________________

Signature and title of District official approving transfer

______________________________________________
Date
RECOMMENDATION TO THE BOARD REGARDING CLASSROOM OR INTRADISTRICT TRANSFER OF STUDENT WHO ENGAGED IN BULLYING

__Note__: For the transfer of a student who is the victim of bullying or who engaged in bullying, including a student who receives special education services, see FDB. For school safety transfers, see FDE. For bullying rising to the level of prohibited harassment, see FFH. For all other bullying, see FFI. [Remove this note from final form.]

Name of student ___________________________ Age __________ Grade __________

Current school ___________________________

Parent ___________________________

Address ___________________________ Home phone ___________________________

Has an investigation been completed that confirms this student engaged in bullying?

☐ Yes Attach investigation report

☐ No

Does the student receive special education services?

☐ Yes*

☐ No

*The transfer of a student with a disability who receives special education services and who engaged in bullying may be made only by a duly constituted ARD committee under Education Code 37.004

Recommend reassignment

From: ___________________________ (Current classroom)

To: ___________________________ (Receiving classroom)
FROM: ________________________________ (Current school)
TO: ________________________________ (Receiving school)
☐ The parent was consulted and (is/is not) in agreement with recommendation.

By signing this form, the Superintendent provides written assurance that the reassignment is not for the purpose of participating in any UIL activity, or any other activity governed by UIL rules and regulations, whether or not under UIL sanctions, and that no recruiting or tampering has occurred in violation of UIL rules and regulations.

___________________________________  ____________________________
Superintendent or designee               Date

☐ Approved    ☐ Not Approved

___________________________________
Board President

____________________
Date