Date: _____

LOCKHART INDEPENDENT SCHOOL DISTRICT

Request for Transfer: Campus to Campus
2021-2022 School Year

_____ _____ _____
Student Name 2021-2022 Grade Level Phone Number

_____ _____ _____ _____
Home Address City State Zip Code

E-Mail Address: _____

School zoned to attend in 2021-2022: _____

School Requesting: _____

Reason (check one):

- ☐ In the process of building a domicile within the attendance zone, the foundation has been laid at the time of enrollment, and the domicile is reasonably expected to be completed before the end of the school year *(MUST PROVIDE PROOF OF RESIDENCY)*
- ☐ Moving into an owned or leased domicile within the attendance zone within 30 calendar days following the student's enrollment *(MUST PROVIDE PROOF OF RESIDENCY)*
- ☐ A child of a resident District employee
- ☐ Other: _____

Siblings: (Please Note: A transfer request must be filled out for every student requesting a transfer)

Student Name _____ Grade _____
Student Name _____ Grade _____
Student Name _____ Grade _____

_____ _____
Parent/Guardian Name (print) **Parent/Guardian Signature**

Please return this form no later than **May 21, 2021** to Lockhart ISD Central Administration Office at 419 Bois D' Arc St., Lockhart, TX 78644 or email to cristina.suarez@lockhart.txed.net.

If a transfer is approved transportation will not be provided.

Office Use Only

- ☐ **Approved**
- ☐ **Denied** Reason for denial: _____

_____ _____
Kimberly Brents, LISD Deputy Superintendent Date