



District Staff Transfer Request School Year 2024-2025

Students of staff currently employed by Celina ISD are eligible to transfer to a Celina ISD school that has student capacity availability. Return this form to Celina ISD's central administration building for approval or email a scanned copy to CISDtransfers@celinaisd.com.

Student Transfers may be revoked for lack of academic progress, excessive absences and/or tardies, documented persistent misbehavior, or at campus administration discretion. When a student transfer is revoked by campus administration, the student is not eligible to request another student transfer.

Student Information

Student Name: <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">Last</td> <td style="width: 30%; border: none;">First</td> <td style="width: 10%; border: none;">MI</td> </tr> </table>	Last	First	MI	Current Grade:
Last	First	MI		
<table style="width: 100%; border: none;"> <tr> <td style="width: 80%; border: none;"> <input type="checkbox"/> Early Childhood School <input type="checkbox"/> Bothwell Elementary School <input type="checkbox"/> Lykins Elementary School <input type="checkbox"/> Martin Elementary School <input type="checkbox"/> ODell Elementary School <input type="checkbox"/> Moore Middle School <input type="checkbox"/> Celina High School </td> <td style="width: 20%; border: none; vertical-align: bottom;"> *Select the requested campus for the 24-25 school year </td> </tr> </table>		<input type="checkbox"/> Early Childhood School <input type="checkbox"/> Bothwell Elementary School <input type="checkbox"/> Lykins Elementary School <input type="checkbox"/> Martin Elementary School <input type="checkbox"/> ODell Elementary School <input type="checkbox"/> Moore Middle School <input type="checkbox"/> Celina High School	*Select the requested campus for the 24-25 school year	
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School & District student would attend without a transfer :				
Reason for transfer request: Staff Request				

Parent/Guardian Information

Parent Name: Last First	
I have carefully read, considered, and agree to all of the conditions as stated above. I am aware that I will be responsible for transportation of my student to and from school.	
Parent Signature:	Date
For staff transfer requests please provide parent/guardian campus of employment	Campus

Campus of Employment

Printed Name of Campus Principal: Signature of Campus Principal: Date:
Date/Time Received by District Administration: Signature of District Administrator: