



Midland Independent School District

Student Services Employee: _____

Date submitted: _____

Transfer Appeal Form

(Round 1 Deadline: **January 17, 2025** & Round 2 Deadline: **April 29, 2025**)

Parent Name:			
Parent Address:		City:	
Parent Phone:		Zip:	
Parent Email:			
Student Name:		ID #:	
Current Grade:		Current School:	
School you applied to:			
Please provide a brief description explaining your transfer request:			
Attach documentation supporting your request.			

Completed form and additional documentation should be submitted to Student Services - 615 W. Missouri, 4th Floor. You will be given a copy of your time stamped appeal form when you come in.