

**DONNA INDEPENDENT SCHOOL DISTRICT
Out-of-District (Open Enrollment)
Student Transfer Request Form
2025 - 2026**

Please Check All That Apply: District Employee New Transfer Request Continuing Transfer

ALL TRANSFER REQUEST FORMS NEED TO BE SUBMITTED TO THE PEIMS DEPARTMENT

All students requesting an Out of District transfer must complete a transfer request form every year. A separate transfer request form must be submitted for each child requesting a transfer within the district.

Child's full legal name (First, Middle, Last and Suffix)

Note: Texas Law requires school systems to use the name on the child's birth certificate or name legally changed in court, please ensure the name you have entered below meets these requirements.

Name of Student: _____ ID# _____

Date of Birth: _____ Grade Level 2025-2026: _____

Physical Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____

Name of parent or legal guardian: _____

Phone number(s): _____

I confirm the above address represents the legal residence of this child's parent or legal guardian. I understand that parents or guardians who use a fraudulent address for enrollment may be subject to restitution to the school district or other costs or fees under Texas law.

School District in which Student Resides: _____ School Zoned to Residence: _____

Donna ISD Campus Requested: _____

Please check here if child for whom this transfer is being requested for has:

- An IEP and receives special education services
- Been assigned or pending assignment to the Discipline Alternative Education Program (DAEP Campus)
- Been referred to Truancy Court due to unexcused absences
- Is on Probation
- Will be involved in Athletics/Extra Curricular activities at school requested

Employee Information: (Please complete the following only if you are a Donna ISD Employee)

Name of Parent/Legal Guardian: _____

Campus/Department employed at: _____

Please print form on front and back!

Requested Campus (If different from above): _____

Student transfers will be handled on a case-by-case basis; only legitimate parent requests will be considered. It will be the parent/guardian's responsibility to provide transportation for the students if a campus transfer is honored.

NOTE: Any inaccurate contact information at the time of processing may result in the inability to process your request.

I have read and agreed on the above terms and conditions. I understand that if approved, the transfer is granted conditionally on student attendance including tardies, behavior, academic effort and that the transfer may be revoked. (Policy FDB – Local) I understand that I must submit a copy of my child's attendance and disciplinary record from the last school my child attended. I also understand that transportation to the requested school is my responsibility.

Signature of parent or legal guardian: _____ Date: _____

STEP 1: REQUESTED CAMPUS APPROVAL

APPROVED DENIED

Comments/conditions from receiving Principal: _____

Requested Campus Principal Signature: _____

Date: _____

STEP 2: FINAL APPROVAL

Form Submitted to Central Office:

Date: _____

Superintendent's or Designee's Signature: _____

Date: _____

APPROVED DENIED

STEP 3: DATA ENTRY

Transferred entered into Skyward:

Date: _____