
STUDENT DISCIPLINE RECORD

15. Has the student been suspended, expelled or placed in any alternative classroom setting (DAEP), In-School-Suspension, etc.) during the current or previous school year?

YES NO

If yes to any above action explain:

STUDENT ACADEMIC RECORD

16. Please provide the following information:

- a. Copy of STARR/Achievement test results
- b. Copy of report card/transcript
- c. Copy of immunization record
- d. Check special program(s) which currently apply to student:

G/T _____ Special Education _____ Speech _____
504 _____ ESL _____ Other _____

As a parent or person standing in the position of legal responsibility for the child named in this Request I acknowledge that I have received a copy of Pittsburg ISD policies FDA (LEGAL) and FDA(LOCAL) and the Transfer Agreement that must be executed before the child is enrolled in the District. The information provided in this form is true and factual to the best of my knowledge, and I understand that if any of this information is ever found to be incorrect, this agreement may be denied or revoked.

Printed Name: _____

Parent Signature: _____

Date: ____/____/____

Principal recommendation (Circle ONE):

Transfer Recommended

Transfer Disapproved

Principal signature: _____

Date: ____/____/____

Superintendent Decision (Circle ONE):

Transfer Approved

Transfer Disapproved

Superintendent Signature: _____

Date: ____/____/____