

ADMISSIONS
INTRADISTRICT TRANSFERS AND CLASSROOM ASSIGNMENTS
EXHIBIT A

FDB
(EXHIBIT)

PARENT REQUEST FOR CLASSROOM OR INTRADISTRICT TRANSFER FOR STUDENT WHO IS A VICTIM OF BULLYING

Note: For the transfer of a student who is the victim of bullying or who engaged in bullying, including a student who receives special education services, see FDB in the local policy manual. For school safety transfers, see FDE. For bullying rising to the level of prohibited harassment, see FFH. For all other bullying, see FFI.

Name of student	Age	Grade	Current school
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Parent	Address	Phone
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Has an investigation been completed that substantiates this student was a victim of bullying?

☐ Yes (attach investigation report) ☐ No

Does the student receive special education services?

☐ Yes ☐ No

To be completed by campus or district administration.

Request reassignment:

From: _____ (Current classroom) To: _____ (Receiving classroom)

Campus Administration Signature

Date

OR

From: _____ (Current school) To: _____ (Receiving school)

District Administration Signature

Date

Date reassignment requested _____

Reason for requesting reassignment (*attach supporting documents*): _____

This request for an in-district reassignment is made with a full understanding of, and agreement to, the following conditions:

1. Except as provided by law, the District will not provide transportation.
2. Participation in UIL activities shall be in accordance with all applicable UIL regulations and other applicable District policies and administrative regulations.
3. By signing this form, the parent and District official approving the transfer provide written assurance that the reassignment is not for the purpose of participating in any UIL activity, or any other activity governed by UIL rules and regulations, whether or not under UIL sanctions, and that no recruiting or tampering has occurred in violation of UIL rules and regulations.

Parent Signature

Date

☐ Approved ☐ Not Approved Reason: _____

District Administration Signature

Title

Date