PORT NECHES-GROVES INDEPENDENT SCHOOL DISTRICT

Request for In-District Transfer

*Student's Full Name*_____

*Grade student will be in for the coming year*_____

*Parent/Guardian's Name*_____

*Address*_____*City*_____*Zip*_____

*Telephone No.*_____

Requesting Transfer:

*From*_____ *To*_____
School *School*

Reason for requesting transfer:

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_____ _____
Parent/Guardian Signature *Date*

***PLEASE READ**:*

Since one of the requirements for approval of transfers is that they not cause overcrowding in the receiving school, we cannot grant approval for transfers until enrollments are determined. Please expect notification in late July, or in the first weeks of August. ***A form needs to be completed for <u>each</u> student that you are requesting a transfer for.***

Conditions of transfer, if approved: (1) Parents must provide transportation to and from school; (2) If overcrowding should occur, the student may have to return to the school in his/her attendance zone.
A new request must be submitted each school year.

Please send request for transfer to:

Dr. Marc Keith
Assistant Superintendent for Student Services
620 Avenue C
Port Neches, TX 77651

Revised 6/27/2016