

BOOKER INDEPENDENT SCHOOL DISTRICT

Application for Transfer District #148901

Please complete the following and submit to the Booker ISD Administration office for approval.

All students not residing within the district must be approved on an annual basis.

PARENT OR LEGAL GUARDIAN INFORMATION:

EFFECTIVE SCHOOL YEAR _____ / _____

Parents Name (please print)

Phone number

Street Address

Mailing address

City

State Zip

**I attest to the fact that the reason I want my child(ren) to transfer to Booker ISD
is not for Athletic or UIL Academic competition.**

Signature of Parent or Legal Guardian Date

STUDENT INFORMATION: (please print)

Student's Full Name <i>First MI Last</i>	Social Security Number	DOB	Sex	District Residence	Incoming Grade
	- -				
	- -				
	- -				
	- -				

Principal's Recommendation: YES _____ NO _____

Date: _____

Signature of Campus Principal: _____

Final Decision: APPROVED _____ DENIED _____

Date: _____

Signature Superintendent: _____

BOOKER INDEPENDENT SCHOOL DISTRICT

PO Box 288.....Booker, TX 79005

Phone: (806) 658-4501