

# 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)

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

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