

# Cushing Independent School District

PO Box 337  
Cushing, Texas 75760  
Phone: (936) 326-4890  
Fax: (936) 326-4115



## Application for Out-of-District Transfer

PLEASE PRINT

School year: \_\_\_\_\_ Student Grade level: \_\_\_\_\_ NEW RENEWAL

For new transfers, please attach most recent report card, testing record, attendance, and discipline (if applicable)

Student Name: \_\_\_\_\_ Race: \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male Female

Current address of parent/guardian:

\_\_\_\_\_  
Address City State Zip

With whom does the student reside? Both parents Mother Father Other

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father Phone/Cell: \_\_\_\_\_ Mother Phone/Cell: \_\_\_\_\_

Is Parent/Guardian an employee of Cushing ISD? YES NO Which Campus? \_\_\_\_\_

School district in which student resides: \_\_\_\_\_

Did student use a transfer last semester? YES NO

If YES, District \_\_\_\_\_ Campus \_\_\_\_\_

Give specific reason why student is requesting a transfer to CISD: \_\_\_\_\_

By signing below I certify that all information given above is true and accurate to the best of my knowledge. If a transfer is granted on falsified information, it is subject to revocation. I understand that I am making a one year commitment. Transfers must be renewed each year.

Signature of Parent/Guardian: X \_\_\_\_\_

To be completed by school official:

The above transfer is APPROVED DENIED

\_\_\_\_\_  
Michael S. Davis, Superintendent