

Cushing Independent School District

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