

Goodrich Independent School District



234 Katie Simpson

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www.goodrichisd.net

Student Transfer Application School Year 2023-2024

Student Information

Name: _____ School District Last Attended: _____ Current Grade: _____

Age: _____ Date of Birth: _____ Gender: ____M____F Social Security Number: _____ - _____ - _____

Parent/Guardian's Name _____

Physical Address _____ City _____ State TX Zip _____

Mailing Address _____ City _____ State TX Zip _____

Home Phone: _____ Work Phone _____ Cell Phone _____

Kindergarten Requests Only: Attended Preschool? Yes No Preschool Name _____ Phone _____

Required Documents

- ____ 1. Most recent Report Card (K-12)
- ____ 2. STAAR/EOC Test Scores (3-12)
- ____ 3. Attendance Records (K-12)
- ____ 4. Discipline Records (K-12)
- ____ 5. Transcripts (9-12)

Special Services Being Provided

- ____ Career & Technology
- ____ Special Education
- ____ Gifted and Talented
- ____ 504
- ____ ESL
- ____ Bilingual
- ____ None

- I understand that, if approved, the transfer is granted conditionally on student behavior, attendance, and classroom/program/staff availability.
- I understand that this transfer has to be renewed each year.
- I understand that transportation to Goodrich ISD is the parent's/guardian's responsibility.
- I understand that falsification of information is subject to criminal prosecution and a denial of the student transfer.
- I have read and understand the Goodrich ISD Policy FDA(LOCAL).
<https://pol.tasb.org/PolicyOnline/PolicyDetails?key=998&code=FDA#localTabContent>
- I agree to abide by all the rules and regulations set forth in the transfer agreement and policy.

Parent Signature _____ Date _____

-----**For Office Use Only**-----

Parent/Guardian & Student Conference Date _____ (for new transfers only) Date Received _____

Principal _____ Approved ____ Denied ____

Superintendent _____ Approved ____ Denied ____