

BRIDGEPORT INDEPENDENT SCHOOL DISTRICT

2107 15TH Street, Bridgeport, Texas 76426

County District Number 249-903

Out-Of-District

Application for Transfer 2018-2019

This section must be completed by parent or guardian:

Name of Parent or Guardian _____
Please Print

Physical Address _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

Telephone Number _____ (home) _____ (work)

What Campus/School District do you reside? _____

Name and phone # of school currently enrolled in _____

Continuing Transfer? Yes _____ No _____

Circle the appropriate Ethnic Code of student:

- | | |
|---------------------------------------|-------------------------|
| (1)=American Indian or Alaskan Native | (4)=Hispanic |
| (2)=Asian or Pacific Islander | (5)=White, not Hispanic |
| (3)=Black, not Hispanic | |

Signature _____

This section is completed by
the Superintendent's Office

Student's Name	Student's Social Security #	Student's Birth Date	Student's Grade Level 2018-19	County District Code	Campus Number	Campus Assigned Receiving

The above transfer was approved/denied on the _____ day of _____, _____

By Receiving District Superintendent
 Brandon Peavey
 Bridgeport ISD
 (940) 683-5124

Receiving Campus Principal
 _____ recommended
 _____ not recommended

Superintendent Signature _____
Brandon Peavey

Principal's Signature _____