



ANDERSON-SHIRO

CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

458 FM 149 West
Anderson, TX 77830
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www.ascisd.net

TRANSFER APPLICATION FOR THE 2019-2020 SCHOOL YEAR

Directions:

This form is for students who do not already live within the boundaries of the Anderson-Shiro Consolidated Independent School District (ASCISD). Please read guidelines carefully prior to submitting application. Please complete all necessary forms required for application.

Student Information:

Student Name: _____
Last First Middle

Student's Home Address: _____
Street (no PO Boxes) City Zip Code

Student's Mailing Address: _____
City Zip Code

Gender: Male Female Student's Date of Birth: _____ (mm/dd/year)

Is student in any special academic programs? Yes No If "yes," please explain:

Is student in any extra-curricular/athletic programs? Yes No If "yes," please explain:

Student's Grade Level for 2019-2020: _____

Name of school student attended in the 2018-2019 school year:

Campus Name City State Phone Number

Parent/Guardian Information:

Name and Address of Parent/Guardian:

Last First Address City Zip Code

Parent/Guardian Primary Phone: _____ Parent/Guardian Alternate Phone: _____

Parent/Guardian Email Address: _____

Parent/Guardian Signature: _____

By signing above, you are stating the information provided on the application, as well as the additional documents provided with the application as required, are true and accurate to the best of your knowledge. You are also acknowledging you have read the Transfer Guidelines. Falsification of any information provided will result in immediate denial of your application and/or removal from ASCISD.