



Lamparas Independent School District

Transfer Denial Appeal Form

Use this form if you believe a hardship exists that would warrant approval or reconsideration of your transfer request. Your appeal will be reviewed by the Superintendent. Complete this form and return it to the campus principal.

Name of Student: _____ Grade (for year in which you are appealing) _____

Parent/Guardian Name: _____

Physical Address of Student: _____

Student's Zone Campus: _____ Campus you are requesting: _____

The policy of the Lamparas ISD is to adhere to the attendance zones. Please describe in detail the hardship that requires your transfer. Use additional sheets if necessary. Please refer to Lamparas ISD Policy FDA(LOCAL) or FDB(LOCAL) for additional information.

Signature of Parent or Guardian: _____ Date: _____

A review of your request has been completed. The hardship you stated has been considered and a final determination has been made. Additional information is available in Lamparas ISD Policy FNG (LOCAL).

The transfer request has been () Approved () Denied

Campus assignment:

High School _____ **Middle School** _____ **Hanna Springs** _____ **Kline Whitis** _____ **Taylor Creek** _____

Superintendent Signature _____ Date: _____