



# Lamparas Independent School District

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## 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: \_\_\_\_\_