Loop Independent School District
PO Box 917 **Phone: (806)319-7546**
Loop, Texas 79342 **Fax: (806) 319-8148**

District Student Transfer Application 2026-2027

Transfer Application is: ___ **New** ___**Renewal Transfer**

Today's Date_____

Name of Student _____ Grade level: _____(2026-2027)

Student's Date of Birth: _____ Gender: _____*Male* ___*Female*

Student's Social Security Number: ----------_____ Current age of student: _____

With whom does the student live as a permanent resident?

___*Both Parents* ___ *Father* ___*Mother* ___ *Other* **If *Other*, please specify:** _____

First Primary Guardian's Name: _____

Address: _____

Workplace: _____ Work Phone Number: _____

Home Phone Number: _____ Cell Phone Number: _____

Second Primary Guardian's Name: _____

Address: _____

Workplace: _____ Work Phone Number: _____

Home Phone Number: _____ Cell Phone Number: _____

School district where student resides: _____

School (campus) student attends (or would be attending) in that district: _____

Name and Address of school student last attended: _____

Name and phone number of administrator at that school _____

Has this student been assigned any disciplinary placement such as ISS, DAEP, or similar disciplinary placement or had 10 or more absences in the last or current school year? Yes No ***(Returning Loop students may skip this question.)*** If *yes*, please explain: _____

Give specific reason (in detail) why student is requesting a transfer out of the student's current district:

_____

_____

Is this student designated as any of the following: _____ ESL____Migrant____Special Education_____ 504

Is the student in good academic standing? (Passing all classes) ___YES ____ NO If no, please list the classes the student is failing_____

If student was previously in a public school, indicate the applicable STAAR scores for their most recent grade level AND INCLUDE A COPY OF THEIR RESULTS WITH THIS APPLICATION. **TEST SCORES ARE REQUIRED FOR A STUDENT TO BE CONSIDERED FOR TRANSFER**

Reading/ELAR	Did Not Meet	Approaches	Meets	Masters
Math	Did Not Meet	Approaches	Meets	Masters
Social Studies	Did Not Meet	Approaches	Meets	Masters
Science	Did Not Meet	Approaches	Meets	Masters

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I have been notified that my student does not reside within the boundaries of Loop Independent School District and must apply for a transfer in order to attend school in LISD. I am aware that the transfer may not be approved and my child must attend school in the district in which he or she resides. I understand that my student may be denied based on the effect of the student's admission on the district's compliance with special program requirements and restrictions, absences, failure of classes, EOC tests, or STAAR, and/or disciplinary issues and that the transfer may be revoked for any of these same issues. I understand that my student must follow all school rules and school board policies.

I certify all the information given is true and accurate to the best of my knowledge. If transfer is granted on false information, it is subject to revocation. ***Transfers must be renewed each year.***

Parent/Guardian Signature: _____ **Date:** _____

OFFICE USE ONLY:

Dates of enrollment: _____ Absences: _____

Discipline referrals: _____

TPRI/STARR/EOC/:

Reading: _____ met expectations_____ did not meet expectations score: _____

Math: _____ met expectations_____ did not meet expectations score: _____

This transfer is: ____ Granted___ Denied____ Admission granted for a probationary period

Reason for denial: _____ No space available_____ Student does not meet guidelines

Other: _____

Superintendent Signature: _____

Date: _____

Principal Signature: _____

Date: _____