

2018-19 Transfer Request Application - Great Hearts Texas

Instructions

Applicants will follow a two-step process to indicate their desire to transfer between Great Hearts academies:

- 1. Applicant will complete an application in the online enrollment system for the desired academy.
- 2. Applicant will complete a "Transfer Request" application for one Great Hearts academy.
- 3. Email or deliver completed form to the Office Manager of the academy for which you are requesting a transfer.

Transfer Policy

A student may only request a transfer to one specific Great Hearts academy. In the case of siblings, transfer requests submitted for one sibling must be for the same recipient school as transfer requests submitted for all other siblings. Transfer requests are reviewed by the desired academy, and your application will be marked for "transfer priority" status once the request is approved. Students approved for transfer are required to finish out the year successfully in their current grade at their current academy before they will be eligible to transfer to their new academy of choice for the next school year. Transfer priority status does not guarantee enrollment, but rather it places the transfer application in a prioritized position on the waitlist for the desired academy in the desired grade. Students requesting a transfer must not be in the process of being expelled from their current academy.

		Student Applicant I	nformation	
Full Name:			В	irthdate:
	Last	First	M.I.	
Current Academy:				Current Grade :
	Receive Transfer Student:			
Academy to	neceive transfer student.			
Reason for T	ransfer Request:			
This student	t is NOT in the process of being a	spelled from his/her current acade	MV' (places chack hav if this statement is so	rroctle
- IIIIS Studelli	t is NOT in the process of being ex	peneu nom ms/ner current acade	illy. (piease check box i) this statement is co	rrecty:
		Guardian Contact In	nformation	
Full Name:				Data
	Last	First	M.I.	Date:
Address:				
	Street Address			Apartment/Unit #
	City	_	State	ZIP Code
Phone:		Ema	àil	
Disclaimer and Signature				
understand		plete to the best of my knowled antee of enrollment. I understan equest.		
Signature:			D	ate:
FOR OFF	FICE USE ONLY:		Date Received:	Ву:
Headmaste Signature:	er		 D	ate: