

BOLES ISD
9777 FM 2101
QUINLAN, TEXAS 75474
Phone: 903-883-4464

PK - 4th Grade-ext. 100
5th - 8th Grade-ext. 200
9th - 12th Grade-ext. 111

Fax: 903-883-9094
Fax: 903-883-3097
Fax: 903-883-5109

Email: hnicholson@bolesonline.com
Email: srobison@bolesonline.com
Email: ayoung@bolesonline.com

BOLES ISD TRANSFER REQUEST

STUDENT'S NAME _____

ADDRESS _____
Mailing Address City Zip

PHONE _____

PARENT'S NAME _____

CURRENT GRADE LEVEL _____

LAST SCHOOL ATTENDED _____

LIST STUDENTS CURRENTLY ATTENDING BOLES _____

LIST OTHER STUDENTS REQUESTING TRANSFER:

Name _____ Grade _____

*Thank you for requesting that your child/children attend Boles ISD.
Please note that your child will not be placed on the waiting list until all required records have been received.*

<p><u>The following documents are required:</u></p> <p>___ BIRTH CERTIFICATE ___ SOCIAL SECURITY CARD ___ COPY OF PARENT DRIVER'S LICENSE ___ SHOT RECORDS ___ CURRENT REPORT CARD ___ STAAR TEST (3rd grade and above) ___ NAPT/ITBS (K thru 3rd grades) or STANDARDIZED TESTS ___ TPRI (K - 3rd grades) or DIAGNOSTIC READING ASSESSMENT ___ HIGH SCHOOL TRANSCRIPT (9-12 GRADE)</p>	<p><u>Check all that apply:</u></p> <p>Special Education? YES ___ NO ___ Speech? YES ___ NO ___ GT? YES ___ NO ___ ELL? YES ___ NO ___ Bilingual? YES ___ NO ___ 504? YES ___ NO ___ Dyslexic? YES ___ NO ___ Disciplinary Concerns? YES ___ NO ___ Social Concerns? YES ___ NO ___</p>
--	---

OTHER CONCERNS OR CONSIDERATIONS: _____

REASON FOR TRANSFER REQUEST _____

PRINCIPAL'S APPROVAL _____ CLASS ASSIGNED _____

DATE TRANSFER REQUEST RECEIVED _____

DATE RECORDS RECEIVED _____