



2022-23 INTRA-DISTRICT STUDENT CAMPUS REQUEST FORM

This application is for employees who reside in Crosby ISD but request a campus for their child(ren) out of their zoned school.

Please fill in all blanks and return this form to Teresa Cross, PEIMS Coordinator, office located at Operations building.

STUDENT NAME: _____ **2022-23 GRADE:** _____

CURRENT CAMPUS: CKC BARRETT EL CROSBY EL DREW EL NEWPORT EL

CURRENT DISTRICT AND CAMPUS IF OTHER THAN CROSBY ISD:

Requested Campus 1st Choice:

Crosby Kindergarten Center Barrett El Crosby El Drew El Newport El

Requested Campus 2nd Choice:

Barrett El Crosby El Drew El Newport El

Reason for transfer request:

This section must be read and completed by parent/guardian.

I understand and accept that once placement has been determined, my child will remain at the assigned elementary campus for the duration of my employment with Crosby ISD.

PARENT/GUARDIAN NAME: _____

EMPLOYEE'S DEPT/CAMPUS: CKC BES CES DES NES MS HS

CURRICULUM FINANCE HUMAN RESOURCES SCHOOL NUTRITION SPECIAL EDUCATION
 TECHNOLOGY TRANSPORTATION

HOME ADDRESS: _____

CITY: _____ **ZIP:** _____ **PHONE:** _____

EMAIL: _____

List any special programs student is enrolled in, i.e. Special Education, GT, Bilingual:

PARENT SIGNATURE*: _____ **DATE:** _____

I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

Office Use Only:

_____ Approved _____ Denied _____ Date: _____
Director of Student Services