

Venus Independent School District
100 Student Drive, Venus, TX 76084
2018-2019 Application for Transfer Student
(The District reserves the right to revoke any transfer if space becomes unavailable)

Student Information

Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ Gender _____ Current Grade Level _____

Previous District Attended _____ Previous School Attended _____

District & Campus Name (based on home address) _____

Reason for Transfer: _____
(No tuition is required for the 2018-2019 school year)

Please Choose One

_____ VISD Non Resident _____ VISD Non Resident Employee _____ Employee Campus/Department _____

Parent/Guardian #1 Information

Last Name _____ First Name _____ Email _____

Home Phone _____ Cell Phone _____ Work Phone _____

Physical Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

Parent/Guardian #2 Information

Last Name _____ First Name _____ Email _____

Home Phone _____ Cell Phone _____ Work Phone _____

Physical Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

For District Use Only

Receiving Campus Principal/ Designee: _____

Approved _____ Date _____

Denied _____ Date _____

Reason _____

Sibling(s)/Campus(es) _____

Superintendent's Signature: _____ Date _____