



GT Student Intra-district Transfer/Withdrawal Form

INFORMATION:

Student (full name) _____

Date of Birth _____

Current Campus _____

ID Number _____

Grade Level _____

Date Submitted to our office _____

FOR TRANSFERS:

Date of Transfer _____

Transferring to (receiving campus) _____

FOR WITHDRAWALS:

Date of Withdrawal _____

Departing to _____

This form is to be completed by the campus **registrar** for every identified UISD GT student that is transferring or withdrawing during the school year. Please submit the completed form within three days of transfer or withdrawal to the UISD Office of GT and Advanced Academics via fax (956)473-2092 and/or email to mcorral@uisd.net. Please follow-up with a telephone call to 473-5244 to ensure that we did receive it.