

I am a:  
Certified Teacher  
Paraprofessional

2026-2027



- Fill out the **Teacher/Paraprofessional** Transfer Request Form, ensuring all required information is **typed**. You may request a transfer to **multiple campuses** and for **any positions** for which you meet certification requirements.
- The request **must be signed by the current campus principal** before submission. Once signed, **email the completed form to pandersen@dickinsonisd.org**.
- **Submission window: February 1 - April 1 for the following school year.**
- **Human Resources** will review your qualifications: If approved, HR will forward the request to the requested campus(es) via Google Drive. If the transfer involves a **Special Programs position, approval from Executive Director** is required. Transfers are subject to **position availability and campus principal approval**.
- The **principal of the requested campus** will review your request, conduct an interview if necessary, and decide whether to recommend approval. If approved, the principal will **email the transfer request form to the HR office**.
- The HR office will send an **official transfer confirmation email** to: the transferring teacher/paraprofessional, the current principal, the new principal (if applicable). All transfer request **must be finalized by May 1**.

Name: \_\_\_\_\_

Employee ID #: \_\_\_\_\_

Current Campus: \_\_\_\_\_

Current

Assignment: \_\_\_\_\_

I am requesting a transfer to: (Check as applicable)

Principal: \_\_\_\_\_

Bay Colony Elementary  
Calder Road Elementary  
Hughes Road Elementary  
Lobit Elementary  
Ruth Laird Elementary  
San Leon Elementary  
Silbernagel Elementary

Barber Middle School  
Dunbar Middle School  
Dickinson Junior High School  
Kranz Junior High School  
McAdams Junior High School  
Dickinson High School  
DALC/DCC  
CAP

Requested teaching assignment:

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

\_\_\_\_\_  
Signature -Teacher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Current Campus Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Executive Director Special Programs

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Director Human Resources

\_\_\_\_\_  
Date

**(HR office only)**

Date(s) forwarded  
to campus(es)

\_\_\_\_\_  
\_\_\_\_\_

*To be completed by receiving principal:*

☐ Denied

☐ Approved Campus \_\_\_\_\_ Subject/Grade/Level \_\_\_\_\_

(If approved) Replacing \_\_\_\_\_ who ☐ resigned ☐ transferred ☐ new position

Receiving Principal's signature \_\_\_\_\_

Date received in HR

\_\_\_\_\_

Return to Director of Human Resources

\_\_\_\_\_  
Signature - Director Human Resources