



# STUDENT TRANSFER REQUEST

20 \_\_\_\_\_ 20 \_\_\_\_\_

PLEASE USE A SEPARATE FORM PER STUDENT

Receiving Campus \_\_\_\_\_

071-906- \_\_\_\_\_

Sending Campus \_\_\_\_\_

District Name \_\_\_\_\_

Campus Number \_\_\_\_\_

County District Number \_\_\_\_\_

Student's Name \_\_\_\_\_

DOB \_\_\_\_\_

Sex \_\_\_\_\_

Grade \_\_\_\_\_

Social Security Number \_\_\_\_\_

State Number \_\_\_\_\_

Date of Entry \_\_\_\_\_

Address - City - State - Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Mark one with an X:

\_\_\_\_\_ American Indian/Alaskan Native

\_\_\_\_\_ Hispanic

\_\_\_\_\_ Asian/Pacific Islander

\_\_\_\_\_ White, not Hispanic

\_\_\_\_\_ Black, not Hispanic

Was student an Out-of-District transfer during:

20 \_\_\_\_\_

to 20 \_\_\_\_\_

Yes

No

Name of Campus \_\_\_\_\_

Is student a sibling of an Out-of-District transfer student?

Yes

No

Name of Campus \_\_\_\_\_

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- \_\_\_\_\_ **A. High School Only:** Student taking academic courses needed for graduation and not offered in the district residence.
- \_\_\_\_\_ **B. High School Only:** Graduating senior who has attended AISD for at least the two previous years. (12th grade only)
- \_\_\_\_\_ **C. Elementary Schools Only:** Student with two working parents, or whose sole parent works, and no child care facility is located in the sending district. **Only children less than 10 years of age will be considered as needing child care unless it can be demonstrated that a child suffers a handicap which renders him/her incapable of self-care.**
- \_\_\_\_\_ **D.** Student whose health/safety is involved. 1) Health: Documentation from a medical doctor delineating specific medical reasons must be obtained and on file. 2) Safety: Both superintendents involved must acknowledge the validity of the safety issue for which the transfer is granted.
- \_\_\_\_\_ **E.** Student whose parent/guardian is employed by AISD and currently contributes to the TRS.
- \_\_\_\_\_ **F.** Student whose home is more than 20 miles closer to the receiving school than the school of residence.
- \_\_\_\_\_ **G.** Student transferring to regional day school for the deaf. (CA 5281)
- \_\_\_\_\_ **H.** Student enrolling in Special Education from district where the special education class for which the student is qualified is unavailable; student has been screened to TEA guidelines by AISD.
- \_\_\_\_\_ **I.** Student residing in a district which does not offer the grade level of the student and which has a contractual transfer agreement with the receiving district. (TEC 25.039.)
- \_\_\_\_\_ **J.** Student does not qualify for any of the above exemptions/hardships.

**This transfer is made with full understanding of and in agreement to the following conditions:**

1. An out-of-district transfer is official only when the Texas Education Agency notifies AISD that it does not affect the ethnic balance in either the home district or AISD by more than one percent.
2. Student will maintain an acceptable attendance record; have good conduct and citizenship grades; and show academic effort. Failure to
3. All transfers are subject to available classroom space and program size restrictions.
4. The student's family will provide transportation to and from school.
5. A transfer student's eligibility to participate in varsity level activities is governed by UIL rules and regulations; student and/or parent should request clarification of UIL rules prior to enrolling.

Per TEC 25.001, the District is not required in certain cases to admit a student who engaged in conduct or misbehavior within the preceding year which resulted in removal to an alternative educational program or expulsion; engaged in delinquent conduct or conduct in need of supervision and is on probation or other conditional release for that conduct; or was convicted of a criminal offense and is on probation.

My signature below as parent/guardian indicates that I have received a copy of AISD Board Policy FE, Transfers and Assignments and related Regulation FE-R. Mi firma de padre/tutor legal indica que he recibido copia de la Poliza FDA, Admisiones: Transferencias Dentro Del Distrito, de la Junta Directiva de AISD.

Signature of Parent or Guardian (Firma de Padre/Madre/Tutor Legal)

Date

Approved:  Yes

No

If no, indicate reason for denial:

\_\_\_\_\_

Signature of Superintendent/Principal

Date