



PO Box 209
509 High Street
Claude, TX 79019

Transfer Student Checklist

Your child will be a guest at Claude ISD as a transfer student. The first list of items below must be brought by the parent/guardian. Once everything is received, the principal will schedule a meeting with you, contact your child's current school and take all information to the superintendent for a final decision. The principal will call you and/or send a letter of acceptance or denial to our district.

From Parent:

- Attendance report from current school
- Most recent report card
- STAAR test scores from previous year(s), if age appropriate
- Discipline report from current school
- Name of current school: _____

From Claude ISD:

- Call to principal of current school
- Take information to superintendent

Student(s) Name & Grade: _____

Parent/Guardian Name: _____

Address: _____

Phone #: _____

Office Notes: _____ Accepted _____ Denied Date: _____

Other Pertinent Transfer Information
Administrative Regulation 00-13

Topic: Temporary Tuition Rate

Philosophy:

The Claude ISD desires to ensure residency of school age children or that transfer applications are approved and in compliance with existing court orders related to student demographics.

Rules and Regulations:

Students temporarily moved out of the District for the sake of their families' needs may apply for temporary approval, not to exceed thirty (30) days, with the campus administrator where their child is placed. The Campus Administrator will inform the Superintendent of Schools and ensure that the need is justifiable, tuition rates are covered and collected, and the time frame is clearly understood by the parent(s)/guardian(s) of the child. The Temporary Tuition Rate is set at \$10.50 @day for the period approved.

Claude ISD School Board Representative

Superintendent of Claude ISD

Parent/Guardian of Transfer Student

CLAUDE ISD

STUDENT TRANSFER APPLICATION

NAME: _____ 2021-22 GRADE: _____

SCHOOL ATTENDED 2020-21: _____

A. During the past school year,

1. Has this student been to the office for any disciplinary problem? _____

2. Has this student been absent for 10 days or more? _____

If yes, were there extenuating circumstances? _____

Explain: _____

3. How would you rate this student's academic performance?

Circle one: A B C Lower

4. How would your rate this student's academic effort?

Circle one: A B C Lower

B. Has this student passed the STAAR/EOC Test in the following areas:

Reading _____

Math _____

Writing _____

Science _____

Social Studies _____

C. Please make any comments you would like on the back of this form.

Your signature below indicates that you have completed this form to the best of your knowledge. Any false information given could mean the denial of the transfer.

Parent Signature

Date

Claude ISD

District Name

**Texas Education Agency
Division of Accreditation
Application for Transfer
FY 2021-2022**

006-902

County-District Number

Authority for Data Collection: Texas Education Code 21.061; Civil Action 5281, Section A

Planned Use of Data: To complete the report required by Federal Court Order Civil Action 5281.

Instructions: This form must be used for all student transfers, **within the State of Texas**, including hardship. Column instructions can be found on the reverse side of this form. The Superintendent of the receiving district must circle **approved** or **disapproved** and sign the transfer form. For further information, contact the Division of Accreditation at (512) 463-9671.

Student's Name	Ethnic Code	Name of School Student Should be Attending	Name of District Student Attended Prior Year	Grade	Campus Assigned in Receiving Dist. Campus No.

This section must be completed by parent or guardian:

I have been informed of the receiving district's policy concerning tuition charges, if any, for a transferred student whose grade is taught in the student's district of residence, and I accept responsibility for the payment of tuition.

Printed _____
Parent's (Guardian's) Printed Name

Signed _____
Parent's (Guardian's) Signature

Street Address: _____

City, State, Zip: _____

This section must be completed by the receiving district superintendent:

The above transfer(s) was _____ approved _____
on this _____ day of _____ 20____.
disapproved _____

Typed Name of Receiving District Superintendent	Date	Telephone	Signature
Greg Brown		806-226-7331	

RETURN TO THE DISTRICT SUPERINTENDENT TO BE KEPT ON FILE.
DO NOT MAIL TO THE TEXAS EDUCATION AGENCY.

INSTRUCTIONS FOR COMPLETING

Ethnic Code

- (1) = American Indian or Alaskan Native
- (2) = Asian or Pacific Islander
- (3) = Black, nor Hispanic
- (4) = Hispanic
- (5) = White, not Hispanic

Attendance Data (Current Year)

Enter the current county-district number and the campus number for the student
(current district of residence)

County-District Number (Prior Year)

Enter the county-district number for the student (prior school year)

Grade

Enter the grade to which the student will be assigned for the regular academic programs
of special education programs during the next school year.

Campus Number (receiving District)

Enter the campus number to which the student will be assigned in the receiving district
during the next school year.

Transfer Contract and Agreement
(TX.ED.CODE.25.036)

1. Claude Independent School District and the parent(s)/guardian(s) agree to the transfer of this student from _____ Independent School District to Claude Independent School District upon the conditions set out herein.

2. Student(s) and parent(s)/guardian(s) of student transferring into Claude ISD are required to follow all campus, district, state and federal policies and requirements. A copy of District rules concerning transfer is attached hereto and incorporated herein.

3. All student activities available to locally enrolled students will be available to transfer students, subject to any applicable U.I.L. rules.

4. The responsibility for transportation to and from Claude ISD campuses belongs to the parent(s)/guardian(s) of the transfer student

5. District and campus administration reserves the right to revoke all transfers.

I have read and agree to the transfer contract as written.

Parent(s)/Guardian(s)

Greg Brown, Superintendent

Date

Date